

County of San Diego

Health and Human Services Agency

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Health and Human Services Agency Summary

Agency Description

The Health and Human Services Agency (HHSA) is committed to building better health, fostering living safely, and promoting thriving families through its Live Well, San Diego! initiative. Its services include preventive health care, access to publicly funded health care coverage and self-sufficiency services, and mental health and substance abuse programs. Additionally, protective services are provided to abused and neglected children and vulnerable adults, including seniors, the disabled and indigent adults. The Agency also works to reduce the burden of chronic diseases and contributing factors, such as childhood obesity, and helps the community prepare to respond to health emergencies and disasters.

Through six geographic regions, the Agency provides services through a public-private partnership of County staff and more than 900 contracts representing over 470 community-based providers. Although the six regions are geographically and socially diverse, business continuity is assured through the administrative support divisions.



HHSA Departments

- Regional Operations
- Strategic Planning and Operational Support
- Aging and Independence Services
- Behavioral Health Services
- Child Welfare Services
- Public Health Services
- Public Administrator / Public Guardian
- Administrative Support

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2011-12 Anticipated Accomplishments

Implemented second year of *Live Well, San Diego!* to achieve the Agency's vision of healthy, safe and thriving communities by:

- Building a better service delivery system that recognizes the importance of safety in achieving healthy people, healthy communities, and thriving families.

- Revised the phone number for the Access and Crisis Line to reflect the seven days a week, twenty-four hours a day service to (888) 724-7240, making it easier for people seeking help on issues such as mental health, alcohol or drug abuse, and suicide prevention.
- Received the Community Transformation Grant (CTG), multi-year grant from the U.S. Department of Health and Human Services to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and decrease health care costs. This grant will continue the work begun with the Communities Putting Prevention to Work (CPPW) grant.
- Received funding from the Beacon Community Project to develop and administer evidence-based Care Transition services in three hospitals in the San Diego County region (Scripps Mercy, Sharp Memorial and UCSD Medical Center), building upon the successful AIS Care Transitions pilot program at Sharp Memorial. This program will target patients with complex needs and chronic health conditions who are at high risk for readmissions and will provide them with assistance in improving their ability to manage their own medications, learn how to recognize "red flags" associated with their condition and arrange follow-up care with primary care providers and specialists. This program is expected to continue through March 2013.
- Implemented the Low Income Health Program (LIHP) that funds medical care for uninsured adult county residents. LIHP uses a network of community health centers along with hospitals, community physicians, and mental health providers throughout San Diego county to provide health care services.



- After the passage and implementation of Assembly Bill 12, the *California Fostering Connections to Success Act*, which extends foster care to the age of 21, created a separate team within Child Welfare Services to case manage all youth over the age of 17 that remain active to CWS. The team will ensure that these youth have the tools and resources they need to successful exit from foster care at the appropriate time.
- Supporting positive choices that integrate healthy and safe living and encourage financial stability.
 - Received a Community Nutrition Education Program (CNEP) multi-year State grant to increase access and nutrition education for CalFresh eligible or potentially eligible clients.
 - Continued to promote self-sufficiency by serving eligible recipients on public assistance programs; over 79,000 per month in CalWORKs, over 240,000 per month in CalFresh, and over 350,000 per month in Medi-Cal. CalWORKs is a State program designed to transition people from welfare to work by providing temporary cash assistance. CalFresh is the State program for the federal Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) which helps eligible families supplement their food budget. Medi-Cal is the State program for the federal Medicaid program which provides health insurance for eligible families at little or no cost.
- Pursuing policy and environmental changes that make it easier to be healthy, enhance safety, and support communities that thrive.
 - Completed year two of the two-year CPPW grant. The grant worked closely with residents, businesses and community leaders to develop and implement policies, systems and environmental approaches that make healthy living easy, safe and affordable. Efforts included partnering local farmers with local schools to bring fresh fruits and vegetables to students, creating a 'safe routes to school' countywide coalition, and completing draft framework for integrating public health goals into the 2050 Regional Transportation Plan and Regional Comprehensive Plan.
- Improving the culture from within by introducing Agency staff to recognize that traumatic events impact individual health, community safety, and financial stability.
- Rolled out an employee training based on Behavioral Health Services' "It's Up to Us" campaign to increase understanding of mental illness, to reduce stigma, and to encourage people to help others or seek help for themselves.
- Advancing operational excellence by ensuring fiscal stability, customer service, leadership, accountability and transparency, continuous improvement, and work-force excellence.
 - Received a Supplemental Nutrition Assistant Program Participation (SNAP) multi-year federal grant to implement a system for electronic documents conversion and tracking, and to help reduce processing time and minimize lost documents. The Supplemental Nutrition Assistance Program is the former federal program Food Stamps.
 - Completed phase one of the Knowledge Integration Project (KIP). This is a multi-year project to develop the foundation for information exchange across multiple disciplines to improve the information available and coordinate services for shared clients. Completed the readiness assessment in fall 2011 and system requirements in spring 2012.

2012-14 Objectives

Continue implementation of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time by:

- Building a better service delivery system that is innovative and outcome-driven.
 - Implement Year 1 of the Community Transformation Grant (CTG) support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and decrease health care costs.
 - Implement the Community Based Care Transition program to reduce readmissions to hospitals by Medicare recipients.
 - Evaluate data from the two pilot programs integrating physical and behavioral health services.
 - Establish Extended Foster Care program, an outcome from Assembly Bill 12, the *California Fostering Connections to Success Act*, to extend foster care to 21 years of age.
- Supporting positive choices that empower residents to take responsibility for their own health and well-being.
 - Implement Year 1 of the Community Nutrition Education Program (CNEP) grant to increase access and nutrition education for CalFresh eligible or potentially eligible clients



- Pursuing policy and environmental changes that make it easier for people to engage in healthy and safe behaviors.
 - Complete and document community input to the six regional *Live Well, San Diego!* plans by using the MAPP process from the National Association of County and City Health Officials.
- Improving the culture from within by increasing employees' knowledge on how to incorporate health and safety.
 - Implement second phase of the succession plan to advance *Live Well, San Diego!*
- Advancing operational excellence by ensuring fiscal stability, customer service, leadership, accountability and transparency, continuous improvement, and work-force excellence.
 - Begin improvements to Family Resource Centers and ACCESS (a public benefits transaction call center), including increasing accuracy of payment, and technological enhancements to improve customer service.
 - Implement Year 1 of SNAP grant to implement a system for electronic documents conversion and tracking, and to help reduce processing time and minimize lost documents.
 - Begin phase 2 of the Knowledge Integration Project (KIP) to develop the foundation for information exchange across multiple disciplines to improve the information available and coordinate services for shared clients.

Complete co-location of Public Administrator/Public Guardian with Mental Health Conservatorship to improve service coordination.

Proposed Changes and Operational Impact: 2012-13 to 2013-14

Overview

The Health and Human Services Agency's Fiscal Year 2012-13 plan includes appropriations of \$1.9 billion, an increase of \$9.0 million.

Significant changes to the Operational Plan include the implementation of Assembly Bill (AB) 118, *Local Revenue Fund 2011*, which shifts State financial responsibility of various services to counties, funded with a dedicated portion of sales tax. Over \$200 million of State funding in HHSA was re-categorized to 2011 Realignment, and the State Administration has indicated the potential realignment of additional programs in the future. Last fiscal year also saw

the implementation of AB 109, *Public Safety Realignment (2011)*, which fundamentally changed the state and County responsibilities for the management of criminal offenders. To best serve and assist in reducing the recidivism rate of this population, the Agency is partnering with Probation and the community in the provision of mental health and substance abuse services. A total of \$3.0 million in appropriations was added based on the amount the Community Corrections Partnership (CCP) allocated for these services in Fiscal Year 2011-12. It is expected CCP will allocate a higher amount in Fiscal Year 2012-13, at which time the Agency will return to the Board to adjust its operational plan as needed.

The State has shifted the administrative and financial responsibility for the provision of Emotionally Related Mental Health Services (ERMHS) from the counties to the school districts. HHSA proposes a decrease in appropriations in Mental Health Services contracts, and in Child Welfare Services, for room and board care, due to the San Diego County Office of Education (SDCOE) assuming these responsibilities.

HHSA proposes an increase of appropriations for In Home Supportive Services (IHSS) associated with the sunset of a State imposed 3.6% hour reduction of monthly services to IHSS recipients, pursuant to AB 1612, *Human Services*. Additional appropriations are proposed for Aid to Adoptive Children payments, due to projected case increases, and for the Transitional Housing Program, to expand services to emancipated youth.

HHSA proposes a decrease in Public Health Services due to the completion of the Communities Putting Prevention to Work (CPPW) initiative, as well as decreases in CalWORKs Assistance payments, and Foster Care payments to align with projected caseload costs.

HHSA proposes an increase of 176.00 staff years. These positions are added to support the Family Resource Centers, ACCESS (a public benefits transaction call center), and quality control in eligibility services, as well as the management and coordination of data and information analysis. In addition, there were transfers between divisions based on operational needs including increased recruitment and training needs, especially in frontline positions, and to support child welfare and public health programs.

A major goal in the development of the Agency's operational plan is to advance the Live Well, San Diego! initiative. In that endeavor, HHSA has pursued and acquired grants that will help improve the health and well-being of San Diego's communities and citizens. Some of the grants include the multi-year Community Transformation Grant,



the Community Nutrition Education Program (CNEP) grant and the Supplemental Nutrition Assistance Program Participation (SNAP) grant. Appropriations are added for the Low Income Health Program (LIHP) which provides health care for low-income individuals. In addition, San Diego County has been selected as one of four initial dual eligible (Medicare/Medi-Cal) demonstration sites. This new program seeks to integrate health and social services benefits and services (including IHSS, MSSP and skilled nursing care) into a seamless system.

As a County, we are required to administer the State's programs. However, the State continues to look at cuts and program changes to deal with the instability and uncertainty in their financial situation. Many of the proposed cuts and changes would impact HHSA clients, service delivery and potentially the Agency's funding. The full impact of any changes is dependent on additional State action and on the ongoing economic situation. Moving forward, HHSA will return to the Board and adjust its operational plan as

needed to align ongoing funding with core, essential services. HHSA will continue to work with advisory boards and other key stakeholders in these efforts.

Tobacco Settlement Funds

Tobacco settlement payments were first securitized in Fiscal Year 2001-02 to allow a stable funding stream for health and human services programs. The Special Revenue fund reflects \$27.5 million for Fiscal Year 2012-13. No change is proposed between years.

Proposed Changes and Operational Impact: 2012-13 to 2013-14

Net decrease of \$7.9 million due to a \$22.8 million decrease in Services and Supplies due primarily to the elimination of one-time projects from the prior year, offset by an increase of \$12.8 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions and an increase of \$2.1 million in Other Charges for Aid to Adopted Children.



Group Staffing by Department

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Regional Operations	2,262.00	2,277.00	2,432.00	6.8	2,432.00
Strategic Planning & Operational Support	200.00	202.00	211.00	4.5	211.00
Aging and Independence Services	292.50	292.50	291.50	(0.3)	291.50
Behavioral Health Services	840.50	837.50	829.50	(1.0)	829.50
Child Welfare Services	744.50	703.50	717.50	2.0	717.50
Public Health Services	479.75	480.75	483.75	0.6	483.75
Public Administrator / Public Guardian	34.00	34.00	34.00	0.0	34.00
Administrative Support	303.00	303.00	307.00	1.3	307.00
Total	5,156.25	5,130.25	5,306.25	3.4	5,306.25

Group Expenditures by Department

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Regional Operations	\$ 462,888,866	\$ 464,314,986	\$ 467,713,267	0.7	\$ 471,967,479
Strategic Planning & Operational Support	161,411,948	225,162,212	235,222,731	4.5	234,408,045
Aging and Independence Services	335,194,757	309,757,401	312,514,970	0.9	313,187,286
Behavioral Health Services	405,914,153	427,734,706	431,072,490	0.8	433,581,666
Child Welfare Services	263,321,003	258,626,410	248,498,925	(3.9)	252,210,994
Public Health Services	102,193,095	103,380,590	101,441,269	(1.9)	104,549,881
Public Administrator / Public Guardian	4,472,416	4,591,551	4,457,052	(2.9)	4,052,887
Administrative Support	93,525,329	98,816,209	100,483,108	1.7	79,946,593
Tobacco Settlement Funds	27,500,000	27,500,000	27,500,000	0.0	27,500,000
Total	\$ 1,856,421,567	\$ 1,919,884,065	\$ 1,928,903,812	0.5	\$ 1,921,404,831





Regional Operations

Department Description

The Health and Human Services Agency's service delivery system is organized into six geographic service regions, using a public-private partnership model to meet the needs of families and individuals in San Diego County. As outlined in Appendix D, core regional operations include: Public Health Services, Child Welfare Services and Family Resource Centers/Public Assistance Payments.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2011-12 Anticipated Accomplishments – All Regions

Strategic Initiative – Kids

- Improved birth outcomes by ensuring 98% (147 of 150) of pregnant women served by public health nurses received the recommended number of prenatal care visits, meeting target.
- Reduced the onset of preventable illness or disease by immunizing 98% (3,940 of 4,000) of children age 0-4 years, meeting target.
- Reduced the onset of preventable illness or disease by immunizing 98% (3,920 of 4,000) of children and adolescents age 11-18 years, meeting target.
- Enrollment decreased by 0.2% (from 278,478 to 277,811) for children in Medi-Cal and Healthy Families programs, below target of 1% increase. The decrease is in alignment with State numbers which reflect a strong decrease in enrollment.
- Improved outcomes for children as measured by having 35% (3,983 of 11,303) of families participate in joint case planning and meetings, above target of 33%.
- Supported stability of foster youth by placing 45% (1,355 of 3,035) with a relative or non-related extended family member, above target of 44%.
- Supported stability of children in foster care (8 days or more, but less than 12 months) by ensuring 81% (1,544 of 1,907) had fewer than three placements, meeting target.



Strategic Initiative – Safe and Livable Communities

- Improved access to nutritional services by enrolling 12,500 (from 136,184 to 148,684) children and seniors in CalFresh, the state of California's name for the federal Supplemental Nutrition Assistance Program, formerly known as Food Stamps, below target of 25,000. Program staff is working with community partners to identify how to enroll the hard-to-reach children and seniors.
- Promoted collaboration and transparency by developing region-specific community engagement plans that seek input and action for *Live Well, San Diego!* The Agency's six regions are using the *Mobilizing for Action through Planning and Partnerships (MAPP)* as the model of business improvement to formalize and document community engagement. These plans will include priority strategies, action plans and performance measures. Currently, the six regions are at various stages in the MAPP process. *Live Well, San Diego!* is the Agency's roadmap to making people's lives healthier, safer and self-sufficient by delivering the right services, to the right people, at the right time. For more information about MAPP, go to http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf.

2012-14 Objectives – All Regions

Ensure integration and achievement of *Live Well, San Diego!* strategies for the right services, to the right people, at the right time.

Strategic Initiative – Safe Communities

- Build a better service delivery system by providing protection, permanency and stability to children who are at risk or have been abused and neglected.



- Improve outcomes for children by having 34% (3,842 of 11,300) of families participate in joint case planning and meetings.
- Support stability of foster youth by placing 44% (1,320 of 3,000) with a relative or non-related extended family member.
- Support stability of children in foster care (8 days or more, but less than 12 months) by ensuring 81% (1,544 of 1,907) have fewer than three placements.

Strategic Initiative – Healthy Families

- Build a better service delivery system to maximize the health and well-being of at-risk children and families.
 - Promote healthy outcomes by ensuring 40% (220 of 550) of women in the Maternal Child Health and Nurse Family Partnership programs continue to breastfeed their infant at 6 months of age.
 - Reduce the onset of preventable illness or disease by immunizing 98% (3,920 of 4,000) of children age 0-4 years and 98% (3,920 of 4,000) of children and adolescents age 11-18 years served at Public Health Centers and clinics.
- Enroll an additional 1% (from 277,811 to 280,589) of children in Medi-Cal and Healthy Families programs.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service through technology, timely processing and improved accuracy.
 - Implement technological enhancements to improve customer experience at the Family Resource Centers.
 - Execute a plan to reduce wait times at ACCESS call center, a public benefits transaction center.
 - Ensure clients eligible for CalFresh receive and maintain their benefits through 90% timely processing of CalFresh applications (approximately 10,800 of 12,000 per month) at the Family Resource Centers and ACCESS.
- Implement plan to improve accuracy of payment and valid decisions of CalFresh benefits.

Central Region

The Central Region encompasses San Diego city's urban core consisting of 50 neighborhoods with a multitude of diverse culture and population. Central Region is bordered to the North by Interstate 8, extending eastward to the cities of Lemon Grove and La Mesa, continuing south to National City, and westward to the San Diego Bay. Agency

staff from the Central Region provides regional services and lead countywide efforts such as a pilot on eliminating disparities in Child Welfare and key initiatives on improving access and outcomes for the homeless population.

2011-12 Anticipated Accomplishments

Strategic Initiative – Kids

- Delayed implementation to develop a communitywide framework and established a Child Protection Team to address over representation of African-American foster children in Central Region, due to Central Child Welfare Services planning for countywide practice consideration of differential response.
- Strengthened culturally appropriate service delivery in the Child Welfare System by piloting Cultural Broker Services, a program that provides services that are responsive to cultural diversity.

Strategic Initiative – Safe and Livable Communities

- Enhanced care management for homeless individuals and reduced costs by decreasing hospital inpatient readmissions and frequent users by 68% (from 74 to 24), exceeding target of 10%. Decrease was due to the efforts of staff and partners.

2012-14 Objectives

Strategic Initiative – Safe Communities

- Support positive choices by ensuring pregnant and parenting foster youth are receiving proper care vital to their safety and well-being, including their children, by establishing a referral process and tracking system.

Strategic Initiative – Healthy Families

- Build a better service delivery system by supporting the health of the children who seek routine immunizations at the 'Vaccines are Important for Preschoolers' clinic, by promoting access to routine health care.

East Region

The East Region is a mixture of urban, suburban and rural communities, including several Native American reservations and a large Iraqi refugee population. East Region was the first region to administer Nurse Family Partnership (NFP), an evidence-based program helping first-time, low-income mothers succeed. East Region also administers Neighborhoods for Kids, an initiative that strives to keep abused and neglected children in safe, familiar environments and in their same schools.



2011-12 Anticipated Accomplishments

Strategic Initiative – Kids

- Supported stability and educational growth of children coming into protective custody by placing 46% (16 of 36) in a home where they can attend their school of origin, below target of 65%. An educational liaison has been assigned to work with the schools and the social worker to facilitate same school placement at the time of removal when appropriate. In an effort to maintain placement in a familiar environment, 72% (218 of 302) of children in out of home care are placed with relatives.
- Promoted family stability by ensuring that 73% (127 of 173) of children who were reunified with their parents did so within 12 months, below target of 75%.
- Improved health outcomes for children by ensuring that 93% (555 of 593) of NFP participants initiated breast feeding, above target of 91%.
- Promoted healthy living by ensuring that 29% (25 of 35) of NFP parents decreased smoking, below target of 32%.
- Promoted self-sufficiency by linking culturally appropriate service providers to refugee families. Collaborated with internal and external stakeholders to minimize gaps in services, build language capacity, and address service demands.

2012-14 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system that promotes stability and permanency of at-risk children through the Neighborhood for Kids initiative.
 - 75% (242 of 322) of children will be placed in a familiar environment, such as protective custody with a relative or family friend, or a school.
 - 75% (129 of 172) of children will be placed with their parents within 12 months.

Strategic Initiative – Sustainable Environments

- Support positive choices by linking culturally appropriate service providers to refugee families to promote self-sufficiency.

Strategic Initiative – Healthy Families

- Support positive choices for healthy living of NFP participants and their children.
 - 91% (531 of 583) of NFP participants will initiate breast feeding.

- 32% (11 of 35) of NFP parents will decrease smoking.

North Central Region

The North Central Region comprises the central-western portions of the County, 38 diverse communities that extend from coastal to inland, stretching from Del Mar in the north, to Point Loma in the south, and east to Scripps Ranch and Mira Mesa. Interstate 8 marks the regions southern border. Also within the region are three military installations and two major universities. Agency staff support the large military population found in North Central Region by participating in efforts through multiple venues and access points, such as engaging in efforts through the Healthy Start Military Cluster and San Diego Military Family Collaborative including the North Central *Live Well, San Diego!* initiative.

2011-12 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

- Enrolled 45 children during the first year of the NFP program. Data is collected after the participants have received services for 24 months. Therefore, a baseline has not been established for the number of children immunized by 24 months of age. NFP staff educated clients during home visits on the importance of timely immunizations to reduce onset of illness and disease.
- Enrolled 74 NFP participants to improve health outcomes for their infants. 100% (77) of participants have successfully initiated breast feeding.
- Ensured timely service to clients by maintaining an average wait time of 8 days or less for County Medical Services eligibility appointments, well within the target of 30 days or less.
- Supported military families by building effective community relationships that promote safe and healthy living. Worked with the Military Family Collaborative and the annual Military Services Providers Conference to promote *Live Well, San Diego!*

2012-14 Objectives

Strategic Initiative – Healthy Families

- Build a better service delivery system through NFP, resulting in healthy outcomes for children of NFP participants.
 - 90% (30 of 77) of NFP participants will initiate breast feeding.



- 90% (37 of 41) of children enrolled in the NFP program will receive their required immunizations by 6 months of age.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence through customer service.
- Ensure timely service to clients by maintaining wait times of 30 days or less for County Medical Services eligibility appointments.
- Promote safe and healthy living by supporting military families through effective community relationships. Representatives for military families will be involved with North Central Region's upcoming strategic planning efforts.

North Coastal Region

The North Coastal Region consists of six cities, Camp Pendleton and more than a dozen communities. The region's northern border is the Orange County line. In addition to providing core regional services, Agency staff from the North Coastal Region facilitates HealthLink North County and North County Cares. HealthLink North County is a school health-focused, public-private partnership to improve health and education outcomes for North County's schoolchildren. North County Cares is a collaboration of the Agency, community partners, resource families, and child welfare services working together to improve outcomes for North County children.

2011-12 Anticipated Accomplishments

Strategic Initiative – Kids

- Supported health and well-being of military families by providing 803 public health nurse contacts, above the target of 576 contacts. The 39% increase is attributed to the implementation of the Nurse Family Partnership program.
- Improved health outcomes for vulnerable children by establishing immunization baselines and performance outcomes of NFP graduates' children by 24 months of age.
 - 100% (8) NFP children were fully immunized.
 - 98% (48 of 49) of NFP mothers initiated breastfeeding.

2012-14 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system by providing public health nurse (PHN) services and implementing Neighborhood for Kids.
 - Providing at least 600 monthly PHN service contacts to military families, building effective community relationships for the safety and protection of children and military families.
 - Implement Neighborhood for Kids which will support stability and educational growth of children coming into protective custody by placing children in a home where they can attend their school of origin.

Strategic Initiative – Healthy Families

- Build a better service delivery system through NFP, improving health outcomes for NFP children.
 - 91% (10 of 11) of NFP graduates' children will be immunized by 24 months of age.
 - 91% (45 of 49) of NFP participants will initiate breast feeding.

North Inland Region

The North Inland Region includes four cities, remote desert communities, historic mountain towns, rural homes and farms, and numerous Indian reservations. The region's eastern border is the Imperial County line. In addition to providing core regional services, North Inland Region facilitates the Rural Health Network and North County Cares. The Rural Health Network is a forum that brings together government and community service providers to collaborate and leverage health resources for rural San Diego County communities. North County Cares is a collaboration of the Agency, community partners, resource families, and child welfare services working together to improve outcomes for North County children.

2011-12 Anticipated Accomplishments

Strategic Initiative – Kids

- Improved health outcomes for vulnerable children by establishing immunization baselines and performance outcomes of NFP graduates' children by 24 months of age.
 - 91% (11 of 12) NFP children were fully immunized.
 - 95% (61 of 64) NFP mothers initiated breastfeeding.



Required Discipline – Customer Satisfaction

- Improved access to public assistance programs through video interviewing by increasing the number of clients served by 99% (from 446 to 886), above the target of 15%, due to successful expansion to two additional sites and expansion of services.

2012-14 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system for vulnerable children through implementation of Neighborhoods for Kids which will support stability and educational growth of children coming into protective custody by placing children in a home where they can attend their school of origin.

Strategic Initiative – Healthy Families

- Build a better service delivery system through NFP, improving health outcomes for NFP children.
 - 91% (11 of 12) of NFP graduates' children will be immunized by 24 months of age.
 - 91% (58 of 64) of NFP participants will initiate breast feeding.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service by improving access to public assistance programs by increasing the number of video interview clients by 5% (from 886 to 931).

South Region

The South Region has four cities and seven communities and is bordered in the south by Mexico. Agency staff from the South Region provides regional services, lead the Healthy Eating Active Communities (HEAC) project, and manage the South Region Nurse Family Partnership Program (NFP), and Families as Partners (FAP). HEAC aims to prevent childhood obesity and ensure healthy adulthood by reducing health risks associated with obesity. NFP is an evidence-based program that helps first-time, high-risk, low-income mothers. FAP is a public-private partnership that will provide a community safety net for South Region's children and youth who are at risk of entering foster care or who are currently in the system.

2011-12 Anticipated Accomplishments

Strategic Initiative – Kids

- Strengthened the family and promoted stability for children by increasing the number of FAP children who were diverted from protective custody to prevention services by 20% (from 550 to 660), meeting target.

Strategic Initiative – Safe and Livable Communities

- Improved nutrition and access to CalFresh benefits by establishing a video interview process in collaboration with community partners.
- Enhanced care coordination and access for pregnant and post-partum women by deploying a referral pathway tool with 10 partners (internal and external), meeting target.

2012-14 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system by improving care coordination and communication.
 - Deploy a referral tool to the Info Line 2-1-1 San Diego Web directory for pregnant and post partum women.
 - Create a referral and communication process for families served through South Region Child Welfare System, Public Health Maternal Child Health Program, and Nurses Family Partnership Program.
 - Strengthen the community safety net to support stability for children at risk of entering protective custody by increasing service providers participating in FAP from 35 to 42.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service by improving access to public assistance programs by increasing the number of video interview clients by 5% (from 186 to 195).

Related Links

For detailed information about the health and characteristics of the people living in each Region, go to <http://www.sdhealthstatistics.com/>.

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcounty.ca.gov/hhsa/>.



Performance Measures	2010-11 Actuals	2011-12 Adopted	2011-12 Estimated Actuals	2012-13 Proposed	2013-14 Proposed
Family participation in joint case planning and meetings	30.8% of 6,265	33% of 6,265	35% of 11,303	34% of 11,300	34% of 11,300
Children in foster care that are in kin placements	42.5% of 3,249	44% of 3,249	45% of 3,035	44% of 3,000	44% of 3,000
Children in foster care for less than 12 months have fewer than 3 placements during that period	80.8% of 1,834	81% of 1,942	81% of 1,907	81% of 1,907	81% of 1,907
Mothers who continue to breastfeed their infant at 6 months of age ²	N/A	N/A	N/A	40% of 550	40% of 550
Children age 0-4 years receive age-appropriate vaccines	99% of 9,834	98% of 5,000	98% of 4,000	98% of 4,000	98% of 4,000
Children age 11-18 years receive age-appropriate vaccines	97% of 9,662	98% of 4,000	98% of 4,000	98% of 4,000	98% of 4,000
Children enrolled in Medi-Cal and Healthy Families health care coverage ¹	6% (enrolled 15,301 for a total of 278,478)	1% (enroll 2,784 for a total of 281,262)	-0.2% (decrease from 278,478 to 277,811)	1% (enroll 2,778 for a total of 280,589)	1% (enroll 2,778 for a total of 280,589)
Timely processing of CalFresh applications per month ²	N/A	N/A	N/A	90% of 12,000	90% of 12,000
Eligible children and seniors enrolled in CalFresh ³	21,863 (from 114,321 to 136,184)	25,000 (from 136,184 to 161,184)	12,500 (from 136,184 to 148,684)	N/A ⁴	N/A
Expectant mothers visited by Public Health Nurses through delivery that complete recommended number of prenatal care visits	99% of 286	98% of 250	98% of 150	N/A ⁴	N/A

Table Notes

¹ In Fiscal Year 2010-11, the increased enrollment in Medi-Cal and Healthy Families was attributed to the economic environment, resulting in an additional 15,301 enrolled instead of the projected 2,632. For Fiscal Year 2011-12, the targeted remained as a 1% increase over Fiscal Year 2010-11 Actuals. This measure is based on a continuous growth in enrollment, not a static number.

² New measure effective Fiscal Year 2012-13 to reflect Agency's priorities.

³ CalFresh is California's name for the Federal Supplemental Nutrition Assistance Program (SNAP), formerly called Food Stamps. In March 2009, the Board of Supervisors adopted a 3-year goal to enroll 50,000 children and seniors by 2012. In Fiscal Year 2009-10, the program enrolled 30,470 children and seniors. The original numbers reported for Fiscal Year 2009-10 were revised to reflect the baseline of 83,851 for March 2009. In Fiscal Year 2010-11, the program enrolled 21,863 children and seniors. The total for the two fiscal years was 52,333. The goal was achieved one-year ahead of schedule.

⁴ Effective Fiscal Year 2012-13, this measure will no longer be reported in the Operational Plan, but will continue to be monitored internally by program.



Proposed Changes and Operational Impact: 2011-12 to 2012-13 – All Regions

Staffing

Net increase of 155.00 staff years and transfers between divisions based on operational needs.

- Increase of 166.00 staff years due to the addition of staff in Regional Self Sufficiency Eligibility to support Family Resource Center and ACCESS operations.
- Increase of 4.00 staff years due the transfer of 3.00 staff years from Behavioral Health Services and 1.00 staff year from Aging and Independence Services to support Health Promotion operations.
- Increase of 1.00 staff year due to the transfer of staff from Strategic Planning & Operational Support to support Family Resource Center centralized imaging operations.
- Decrease of 15.00 staff years due to the transfer of staff to County Child Welfare Services primarily to support Extended Foster Care Program.
- Decrease of 1.00 staff year due to the transfer of staff to Human Resources to support increased recruitment and training needs.

Expenditures

Net increase of \$3.4 million.

- Salaries and Benefits — increase of \$9.5 million due to negotiated labor agreements, an increase in retirement contributions, and an increase of 155.00 staff years.
- Services and Supplies — increase of \$2.4 million primarily for rents and leases, facility management and basic supplies for the additional 155.00 staff years, including computers, phones and other basic office supplies.
- Other Charges — decrease of \$8.6 million for CalWORKs assistance payments to align with caseload trend due to changes in State law.

Revenues

Net increase of \$3.4 million.

- Intergovernmental Revenues — net increase of \$6.0 million.
 - Due to the passage of Assembly Bill (AB) 118, *Local Revenue Funds 2011*, the State's realignment of various programs to counties, \$101.8 million of State revenue was recategorized to 2011 Realignment, with no net variance and no impact to client services.
 - Increase of \$11.5 million in Social Services administrative revenue for increased costs.
 - Increase of \$2.4 million in 1991 Realignment for various social service programs.
 - Increase of \$0.4 million in grants to support regional health activities.
 - Decrease of \$8.3 million of CalWORKs assistance payments revenue to align with caseload trend due to changes in State law.
- Charges for Current Services — decrease of \$3.0 million associated with the ending of First Five funding for the Early Childhood Program which will be funded with Realignment revenue.
- Miscellaneous Revenues — decrease of \$0.4 million in General Relief overpayments to align with current collection levels.
- Use of Fund Balance — increase of \$0.4 million. Total of \$2.4 million budgeted for:
 - \$1.2 million to fund one-time negotiated salary adjustments.
 - \$1.2 million of one-time funding for the Juvenile Diversion program.
- General Purpose Revenue Allocation — increase of \$0.4 million associated with increased costs noted above.

Proposed Changes and Operational Impact: 2012-13 to 2013-14 – All Regions

Net increase of \$4.3 million is the result of an increase of \$5.5 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions, offset by a decrease of \$1.2 million in Services and Supplies due to the elimination of one-time projects.



Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Regional Self Suffic Elig	1,081.00	1,089.00	1,272.00	16.8	1,272.00
Regional Child Welfare Svcs	618.00	637.00	621.00	(2.5)	621.00
Central Region	157.00	148.00	147.00	(0.7)	147.00
East Region	93.50	93.50	94.50	1.1	94.50
North Central Region	109.00	108.00	94.00	(13.0)	94.00
North Coastal Region	63.00	62.00	61.00	(1.6)	61.00
North Inland Region	65.00	64.00	66.00	3.1	66.00
South Region	75.50	75.50	76.50	1.3	76.50
Total	2,262.00	2,277.00	2,432.00	6.8	2,432.00

Budget by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Regional Self Suffic Elig	\$ 331,552,068	\$ 334,344,484	\$ 337,995,218	1.1	\$ 341,028,992
Regional Child Welfare Svcs	55,502,534	58,246,726	56,948,047	(2.2)	58,501,682
Central Region	25,607,022	21,648,759	21,911,769	1.2	21,031,625
East Region	11,485,439	11,837,916	12,423,214	4.9	12,646,649
North Central Region	11,210,385	10,535,081	9,686,781	(8.1)	9,896,314
North Coastal Region	8,544,889	8,654,872	8,844,055	2.2	8,870,359
North Inland Region	7,914,093	8,131,653	8,714,183	7.2	8,639,269
South Region	11,072,436	10,915,495	11,190,000	2.5	11,352,589
Total	\$ 462,888,866	\$ 464,314,986	\$ 467,713,267	0.7	\$ 471,967,479

Budget by Categories of Expenditures

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Salaries & Benefits	\$ 175,537,747	\$ 180,982,823	\$ 190,512,587	5.3	\$ 196,009,926
Services & Supplies	34,257,266	30,238,310	32,679,533	8.1	31,436,406
Other Charges	253,093,853	253,093,853	244,521,147	(3.4)	244,521,147
Total	\$ 462,888,866	\$ 464,314,986	\$ 467,713,267	0.7	\$ 471,967,479

Budget by Categories of Revenues

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Fines, Forfeitures & Penalties	\$ 50,000	\$ 50,000	\$ 50,000	0.0	\$ 50,000
Intergovernmental Revenues	434,765,577	436,792,077	442,765,258	1.4	442,172,021
Charges For Current Services	4,874,145	4,897,111	1,901,051	(61.2)	1,901,051
Miscellaneous Revenues	1,382,758	1,159,365	771,235	(33.5)	771,235
Fund Balance Component Decreases	—	—	—	0.0	5,675,935
Use of Fund Balance	1,700,000	1,982,904	2,371,157	19.6	—
General Purpose Revenue Allocation	18,551,273	19,433,529	19,854,566	2.2	21,397,237
Total	\$ 462,888,866	\$ 464,314,986	\$ 467,713,267	0.7	\$ 471,967,479



Strategic Planning and Operational Support

Department Description

Strategic Planning and Operational Support (SPOS) supports implementation of self-sufficiency programs, ensures program integrity, and in collaboration with the community, delivers essential services including eligibility, enrollment, and indigent health care in order to advance Live Well, San Diego! Additionally, SPOS provides strategic planning and support for continuous improvement throughout the Agency.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2011-12 Anticipated Accomplishments

Strategic Initiative – Kids

- Promoted self-sufficiency by issuing 99% (41,129 of 41,137) of child care payments within 10 calendar days, meeting target.
- Moved Welfare to Work participants closer to self-sufficiency by ensuring 23% (2,366 of 10,448 individuals per month) had paid employment, below target of 30%, which is attributed to the high unemployment across the nation. California's Welfare to Work is a program designed to assist welfare recipients to obtain or prepare for employment.
- Encouraged families to achieve self-sufficiency by ensuring 46% (3,806 of 8,278 cases per month) of Welfare to Work cases had participants in State approved work activities, above the target of 45%.

Strategic Initiative – Safe and Livable Communities

- Secured financial and medical support through Supplemental Security Income (SSI) for 100% (42) of indigent adults assisted by the Advocacy Program, above target of 96%.
- Secured financial and medical support for indigent adults by serving an additional 18% (from 109 to 129) of indigent health program beneficiaries who are diabetic and on insulin who fill three prescriptions to reduce cardiovascular issues, below target of 33%. Program is currently experiencing difficulty obtaining all required data and is reviewing alternatives.
- Strengthen care and treatment by providing case management services to an additional 11% (from 1,020 to 1,141) of indigent adults, above target of 10%.



- Enhanced quality and coordination of care to Medicaid Coverage Expansion (MCE) patients by ensuring 97% (6,805 of 7,016) received treatment from their assigned medical home, above target of 91%.
- Delayed enrollment of eligible CalFresh participants into the CalFresh Restaurant Meals Program. Unforeseen issues have pushed implementation into Fiscal Year 2012-13.

Required Discipline – Accountability, Transparency and Ethical Conduct

- Supported program integrity and ensured services were accurately authorized by conducting 2,148 unannounced In-Home Supportive Services home visits, above target of 1,920.
- Identified community level outcomes to monitor child, adult and older adult well-being by developing the *Live Well, San Diego!* initiative evaluation framework. The outcome categories include health, knowledge, standard of living, social and community.

Required Discipline – Customer Satisfaction

- Assisted with timely and accurate benefit issuance by responding to 97% (7,374 of 7,558 per month) of urgent CalWIN help desk calls within 48 hours, above target of 95%.

Required Discipline – Continuous Improvement

- Mitigated risks and advanced strategic priorities by completing four Agency-level continuous improvement projects related to health, technology and operational efficiency.
- Established performance standards and targets for the ACCESS Customer Service Center, a public benefits transaction center, to increase efficiencies and optimize



resources. Implementation of standards is scheduled to begin in Fiscal Year 2012-13 and will be reported in the Regional Operations section.

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Healthy Families

- Build a better service delivery system to support self-sufficiency among clients eligible for public assistance programs.
 - 30% (3,300 of 11,000 individuals per month) of Welfare to Work participants will have paid employment, moving them closer to self-sufficiency. California's Welfare to Work is a program designed to assist welfare recipients to obtain or prepare for employment.
 - 85% (1,105 of 1,300) of enrollees referred for case management will participate in case management services, strengthening care and treatment for the indigent health program enrollees.
 - 70% (1,470 of 2,100) of Low Income Health Program (LIHP) enrollees, who have entered the program through a LIHP Mental Health Clinic, will access physical health care services through a LIHP community clinic.

- Support positive choices among eligible participants in CalFresh, a public assistance nutrition program, by enrolling 90% (18,900 of 21,000) of eligible participants in the CalFresh Restaurant Meals Program.

Required Discipline for Excellence – Accountability, Transparency and Ethical Conduct

- Advance operational excellence through accountability by supporting program integrity and ensuring services are accurately authorized by conducting 2,000 unannounced In-Home Supportive Services home visits.

Required Discipline for Excellence – Continuous Improvement

- Advance operational excellence by enhancing Agency capability to measure, analyze, review and improve processes and performance, while ensuring these improvements are aligned with priorities.

Related Links

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcountry.ca.gov/hhsa>.



Performance Measures ¹	2010-11 Actuals	2011-12 Adopted	2011-12 Estimated Actuals	2012-13 Proposed	2013-14 Proposed
Welfare to Work participants have paid employment	16% of 13,657 ²	30% of 11,000	23% of 10,448	30% of 11,000	30% of 11,000
Enrollees referred for case management participate in case management services ³	N/A	N/A	N/A	85% of 1,300	85% of 1,300
Low Income Health Program enrollees access physical health care services ³	N/A	N/A	N/A	70% of 2,100	70% of 2,100
Unannounced home visits in the In-Home Supportive Services program ⁴	N/A	1,920	2,148	2,000	2,000
Child care payments issued within 10 days	99% of 50,055	99% of 42,000	99% of 41,137	N/A ⁵	N/A
Welfare to Work participants participating in work activities	24% of 10,803 ¹	45% of 9,000	46% of 8,278	N/A ⁵	N/A
SSI applicants who complete the application process through the SSI Advocacy program and obtain SSI	96% of 150	96% of 150	100% of 42	N/A ⁵	N/A
Indigent health care enrollees who are diabetic and on insulin, 50+ years old who fill 3 prescriptions to reduce cardiac events and strokes	N/A	33% (from 109 to 144)	18% ⁶ (from 109 to 129)	N/A ⁵	N/A
Indigent health care enrollees receiving management services ⁴	N/A	10% (from 1,020 to 1,122)	11% (from 1,020 to 1,141)	N/A ⁵	N/A
Hospital in-patient readmissions of the top 50 homeless frequent users in Central Region, 30 days or less after discharge ⁴	N/A	10% decrease (from 74 to 67)	68% decrease (from 74 to 24)	N/A ⁵	N/A
MCE patients who received treatment from assigned medical home ⁴	N/A	91% of 7,016	97% of 7,016	N/A ⁵	N/A
Urgent help desk calls responded to within 48 hours	93% ⁷ of 13,944	95% of 17,000	97% of 7,558	N/A ⁵	N/A

Table Notes

¹ For Strategic Planning and Operational Support measures that are cross threaded measures with the Regions, go to the HHSA Regional Operations section.

² Effective Fiscal Year 2011-12, the Welfare to Work performance measures will be reported as a monthly average to remove the variation in caseload that occurs throughout the year and the duplicative counting that occurs when some individuals rotate in and out of the program due to circumstances.

³ Effective Fiscal Year 2012-13, measure was added to better reflect strategic priorities.

⁴ Effective Fiscal Year 2011-12, measure was added to better reflect strategic priorities and cross threaded with Central Region.

⁵ Effective Fiscal Year 2012-13, measure will no longer be reported in the Operational Plan; however, it will continue to be monitored by program managers.



⁶ The Estimated Actual of 18% reflects the current difficulty the program is having obtaining all the required data for this measure. Program staff is reviewing alternatives.

⁷ The target for this measure was not met due to assignment of other priority tasks such as assisting the ACCESS Customer Service Center with overflow calls and processing of online applications for CalFresh and Medi-Cal.

Proposed Changes and Operational Impact: 2011-12 to 2012-13

Staffing

Net increase of 9.00 staff years and transfers between programs based on operational needs.

- Increase of 6.00 staff years in Administration to the Office of Business Intelligence (OBI) to advance operational excellence in program services through data and information analysis and coordination.
- Increase of 4.00 staff years in Self Sufficiency and Support Services to enhance quality control in eligibility services (Medi-Cal, CalFresh, CalWORKs).
- Increase of 1.00 staff year in Administration due to a transfer in of 1.00 staff year from Behavioral Health Services to SPOS Administration to support program improvement efforts.
- Decrease of 2.00 staff years in Self Sufficiency and Support Services due to a transfer of 1.00 staff year to Regional Operations to assist in the Family Resource Centers centralized imaging section and a transfer of 1.00 staff year to Administrative Support to support recruitment and training efforts.

Expenditures

Increase of \$10.1 million.

- Salaries and Benefits — increase of \$1.1 million due to negotiated labor agreements, an increase in retirement contributions, and the increase of 9.00 staff years.
- Services and Supplies — net increase of \$9.0 million.
 - Increase of \$7.5 million in contracts primarily in Health Care Administration for hospital payments, an increase in the pharmaceutical contract and Primary Care Services (PCS).
 - Increase of \$1.6 million in information technology and postage costs to support the CalWIN automation system.
 - Increase of \$0.3 million due to the implementation of Supplemental Assistance Nutrition Program (SNAP) grants.
 - Increase of \$0.2 million for a cost applied associated with Public Assistance Fraud Division.

- Decrease of \$0.6 million in various other services and supplies including rents and leases.

Revenues

Net increase of \$10.1 million.

- Intergovernmental Revenues — increase of \$7.8 million.
 - Due to the passage of Assembly Bill (AB) 118, *Local Revenue Funds 2011*, the State's realignment of various programs to the counties, \$0.9 million of State revenue was recategorized to 2011 Realignment, with no net variance and no impact to client services.
 - Increase of \$4.7 million of Low Income Health Program (LIHP) federal revenue.
 - Increase of \$1.7 million in Medi-Cal and CalFresh Administrative revenue to align with the allocations.
 - Increase of \$0.8 million in CalWIN revenues to align with the allocation.
 - Increase of \$0.6 million in 1991 Realignment revenue to fund increased costs.
- Charges for Current Services — decrease of \$0.5 million in Third Party Reimbursement and Child Abuse fees.
- Miscellaneous Revenues — decrease of \$0.1 million due to lower projected interest earnings.
- Other Financing Sources — increase of \$3.0 million of Tobacco Securitization revenue related to the increase in hospital payments and the pharmaceutical contract.
- Use of Fund Balance — decrease of \$0.1 million. A total of \$0.05 million is budgeted to fund one-time negotiated salary adjustments.

Proposed Changes and Operational Impact: 2012-13 to 2013-14

Decrease of \$0.8 million is the result of a decrease of \$1.3 million primarily related to reduced refugee funding, offset by an increase of \$0.5 million due to negotiated labor agreements and an increase in retirement contributions.



Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Administration	79.00	81.00	89.00	9.9	89.00
Health Care Administration	36.00	37.00	36.00	(2.7)	36.00
Self Sufficiency Services and Support	85.00	84.00	86.00	2.4	86.00
Total	200.00	202.00	211.00	4.5	211.00

Budget by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Administration	\$ 25,933,008	\$ 27,023,353	\$ 30,511,519	12.9	\$ 30,732,277
Health Care Administration	98,723,293	154,895,654	162,175,130	4.7	162,025,832
Child Care Planning Council	1,113,810	1,123,783	725,326	(35.5)	725,326
Self Sufficiency Services and Support	35,641,837	42,119,422	41,810,756	(0.7)	40,924,610
Total	\$ 161,411,948	\$ 225,162,212	\$ 235,222,731	4.5	\$ 234,408,045

Budget by Categories of Expenditures

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Salaries & Benefits	\$ 17,250,921	\$ 18,084,933	\$ 19,188,107	6.1	\$ 19,666,920
Services & Supplies	144,161,027	207,077,279	216,034,624	4.3	214,741,125
Total	\$ 161,411,948	\$ 225,162,212	\$ 235,222,731	4.5	\$ 234,408,045

Budget by Categories of Revenues

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Fines, Forfeitures & Penalties	\$ 3,349,216	\$ 3,349,216	\$ 3,349,216	0.0	\$ 3,349,216
Revenue From Use of Money & Property	—	1,019,083	1,019,083	0.0	1,019,083
Intergovernmental Revenues	117,043,172	180,234,894	187,993,662	4.3	186,319,421
Charges For Current Services	11,960,573	11,657,982	11,201,118	(3.9)	11,209,014
Miscellaneous Revenues	458,987	100,000	5,000	(95.0)	5,000
Other Financing Sources	17,600,000	17,600,000	20,600,000	17.0	20,600,000
Fund Balance Component Decreases	—	—	—	0.0	906,311
Use of Fund Balance	—	201,037	54,652	(72.8)	—
General Purpose Revenue Allocation	11,000,000	11,000,000	11,000,000	0.0	11,000,000
Total	\$ 161,411,948	\$ 225,162,212	\$ 235,222,731	4.5	\$ 234,408,045



Aging & Independence Services

Department Description

Aging & Independence Services (AIS) provides services to older adults, people with disabilities and their family members, help keep clients safely in their homes, promote healthy and vital living, and publicize positive contributions made by older adults and persons with disabilities.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2011-12 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

- Protected seniors and dependent adults from abuse and neglect by conducting 96% (7,200 of 7,500) of face-to-face contacts within 10 days of receiving referral, below target of 98%.
- Ensured safety and well-being of Adult Protective Services (APS) adults by ensuring that 91% (6,825 of 7,500) were not re-referred within six months, below target of 95%.
- Assisted veterans and their families to utilize financial education opportunities by notifying 100% (5,000) within 14 days of the result of their college tuition waiver application, above target of 98%.

Required Discipline – Customer Satisfaction

- Fostered independent living and maximized revenue by maintaining 99% (544 of 550) participation in the Multi-purpose Senior Services Program (MSSP) case management program, above target of 98%.
- Promoted *Live Well, San Diego!* through active living by connecting 2,295 older adults with volunteer opportunities, meeting target.
- Ensured In-Home Supportive Services (IHSS) clients received the appropriate level of care to remain safely in their own home by recertifying 95% (16,150 of 17,000) of reassessments timely, below target of 98%.

Required Discipline – Information Technology

- Managed recipient and provider data by beginning the implementation of the IHSS statewide case management computer system, Case Management Information and Payrolling System (CMIPS II), which is scheduled for completion in Fiscal Year 2012-13.



2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Healthy Families

- Build a better service delivery system to protect seniors and dependent adults from abuse and neglect, and improve quality and efficient care.
 - 95% (7,125 of 7,500) of face-to-face contacts will be conducted within 10 days of receiving an APS referral.
 - 91% (6,825 of 7,500) of APS cases will not re-referred within six months of case closing.
 - Implement the Community Based Care Transitions Program to reduce readmissions to hospitals for Medicare recipients. Public Health Nurses in AIS will receive referrals from hospital staff for individuals who will benefit from short-term assistance to proactively manage their chronic medical conditions.
- Support positive choices that foster independence among seniors and educational opportunities for veterans and their families.
 - Connect 2,295 older adults with volunteer opportunities, promoting *Live Well, San Diego!* through active living.
 - Maintain 95% (523 of 550) participation in the MSSP case management program helping to avoid, delay or remedy inappropriate placement in nursing facilities.
 - Notify 98% (4,900 of 5,000) of customers assisted by Veteran's Services within 14 calendar days of the result of their college tuition waiver application.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service by ensuring 96% (15,840 of 16,500) of annual IHSS reassessments are recertified timely so that clients receive the appropriate level of care to remain safely in their own home.

Related Links

A resource guide for seniors, adults with disabilities, veterans, and professionals is available through Network of Care at <http://sandiego.networkofcare.org/>.

For additional information on the programs offered by Aging & Independence Services, refer to the website at <http://www.sdcounty.ca.gov/hhsa/programs/ais>.

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcounty.ca.gov/hhsa/>.

Performance Measures	2010-11 Actuals	2011-12 Adopted	2011-12 Estimated Actuals	2012-13 Proposed	2013-14 Proposed
Face-to-face APS investigations conducted within 10 days of referral	96% of 7,175	98% of 7,500	96% of 7,500	95% ¹ of 7,500	95% of 7,500
APS cases not re-referred within 6 months of closing	92% of 7,175	95% of 7,500	91% of 7,500	91% ¹ of 7,500	91% of 7,500
Number of older adults linked with RSVP and Intergenerational volunteer opportunities ²	1% increase (from 2,207 to 2,222)	2,295	2,295	2,295	2,295
Average monthly number of MSSP case management slots filled	95% of 618	98% of 618	99% of 550	95% ³ of 550	95% of 550
Notification response rate within 14 days for customers applying for the college fee waiver	99% of 5,954	98% of 5,000	100% of 5,000	98% of 5,000	98% of 5,000
IHSS reassessments recertified timely	96% of 22,494	98% of 16,500	95% of 17,000	96% ⁴ of 16,500	96% of 16,500

Table Notes

¹ Effective Fiscal Year 2012-13, the target has been revised to better accurately reflect staffing capacity and efforts. In the past year, the number of reports to APS have increased by over 10% despite a reduction in staff due to budget constraints. There has been an overall workload increase for APS investigators of 13% since staffing was reduced. All efficiencies have been explored and staff are working at the highest level possible without placing the County and clients at risk.

² Effective Fiscal Year 2011-12, this measure has been revised to “maintain” the number of older adults linked with the Retired Senior Volunteer Program (RSVP) and Intergenerational volunteer opportunities.

³ Effective Fiscal Year 2012-13, the target for monthly number of MSSP case management slots has been revised to reflect the State contract obligation of 95%.

⁴ Effective Fiscal Year 2012-13, the target has been revised to better accurately reflect staffing capacity and efforts. The State mandated target for IHSS reassessments recertified timely is 90%.



Proposed Changes and Operational Impact: 2011-12 to 2012-13

Staffing

A decrease of 1.00 staff year and transfers between programs based on operational needs.

- A decrease of 1.00 staff year due to the transfer of staff from In-Home Support Services (IHSS) to Regional Operations to support health promotion activities.

Expenditures

Net increase of \$2.8 million.

- Salaries and Benefits — increase of \$0.03 million due to negotiated labor agreements, an increase in the County retirement contributions, offset by the decrease of 1.00 staff year.
- Services and Supplies — increase of \$3.3 million.
 - Increase of \$3.8 million in IHSS Individual Provider (IP) payments related to an anticipated increase resulting from the reinstatement of 3.6% hour reduction (approximately \$9.0 million) pursuant to Assembly Bill 1612, *Human Services* (sunset June 30, 2012), offset by savings associated with IHSS reform efforts.
 - Decrease of \$0.4 million in one-time costs for the senior nutrition program associated with one-time funding.
 - Decrease of \$0.1 million in various services and supplies.
- Operating Transfer Out – decrease of \$0.6 million related to a technical adjustment in how expenditures are classified for the Public Authority with no impact to services.

Revenues

- Net increase of \$2.8 million.

- Intergovernmental Revenues — increase of \$3.1 million.
 - Due to the passage of Assembly Bill (AB) 118, *Local Revenue Funds 2011*, the State's realignment of various programs to counties, \$4.3 million of State revenue was recategorized to 2011 Realignment revenue, with no net variance and no impact to client services.
 - Increase of \$3.6 million in State and federal revenue associated with a projected increase in the IHSS program.
 - Increase of \$0.5 million in 1991 Realignment to support IHSS.
 - Decrease of \$0.6 million in various revenues to align with allocations.
 - Decrease of \$0.4 million in one-time funding for the senior nutrition program.
- Use of Fund Balance — decrease of \$0.2 million. A total of \$0.1 million budgeted to fund one-time negotiated salary adjustments.
- General Purpose Revenue Allocation — decrease of \$0.1 million associated with the increased use of Realignment and the transfer of general purpose revenue to other divisions within the Health and Human Services Agency.

Proposed Changes and Operational Impact: 2012-13 to 2013-14

Increase of \$0.7 million is the result of an increase of \$0.8 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions, offset by a decrease of \$0.1 million in Services and Supplies due to completion of one-time contracted services.



■ ■ ■ Aging & Independence Services

Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
In-Home Supportive Services	151.00	151.00	150.00	(0.7)	150.00
Veterans Services	8.00	8.00	8.00	0.0	8.00
Senior Health and Social Services	43.00	42.00	44.00	4.8	44.00
Protective Services	69.50	69.00	66.50	(3.6)	66.50
Administrative and Other Services	21.00	22.50	23.00	2.2	23.00
Total	292.50	292.50	291.50	(0.3)	291.50

Budget by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
In-Home Supportive Services	\$ 308,220,269	\$ 281,600,550	\$ 284,713,146	1.1	\$ 285,054,488
Veterans Services	937,523	948,368	947,256	(0.1)	946,734
Senior Health and Social Services	13,732,726	13,952,326	14,405,024	3.2	14,542,222
Protective Services	8,306,872	8,785,070	8,353,562	(4.9)	8,561,883
Administrative and Other Services	3,997,367	4,471,087	4,095,982	(8.4)	4,081,959
Total	\$ 335,194,757	\$ 309,757,401	\$ 312,514,970	0.9	\$ 313,187,286

Budget by Categories of Expenditures

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Salaries & Benefits	\$ 25,862,782	\$ 26,326,593	\$ 26,355,581	0.1	\$ 27,120,768
Services & Supplies	295,527,795	269,626,628	272,957,956	1.2	272,865,085
Other Charges	5,000	5,000	5,000	0.0	5,000
Operating Transfers Out	13,799,180	13,799,180	13,196,433	(4.4)	13,196,433
Total	\$ 335,194,757	\$ 309,757,401	\$ 312,514,970	0.9	\$ 313,187,286

Budget by Categories of Revenues

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Fines, Forfeitures & Penalties	\$ 185,660	\$ 185,660	\$ 185,660	0.0	\$ 185,660
Intergovernmental Revenues	326,142,860	300,478,458	303,535,138	1.0	303,303,688
Miscellaneous Revenues	95,457	112,199	111,333	(0.8)	86,333
Other Financing Sources	100,000	100,000	100,000	0.0	100,000
Fund Balance Component Decreases	—	—	—	0.0	1,015,264
Use of Fund Balance	—	288,560	86,498	(70.0)	—
General Purpose Revenue Allocation	8,670,780	8,592,524	8,496,341	(1.1)	8,496,341
Total	\$ 335,194,757	\$ 309,757,401	\$ 312,514,970	0.9	\$ 313,187,286

Behavioral Health Services

Department Description

Behavioral Health Services (BHS) provides a range of mental health, alcohol and other drug programs, promoting recovery and well-being through prevention, treatment and interventions. Services are integrated for clients with co-occurring mental illness and alcohol and drug issues. BHS works in partnership with the community to provide evidence-based services to achieve effective outcomes. Inpatient Health Services are offered at the San Diego County Psychiatric Hospital (SDCPH) and at the Edgemoor Distinct Part Skilled Nursing Facility (DPSNF), which operates under the licensure of the SDCPH.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2011-12 Anticipated Accomplishments

Strategic Initiative – Kids

- Supported educational growth and overall well-being of adolescents who complete alcohol and drug treatment by ensuring 97% (897 of 925) either complete high school (or the equivalent) or are enrolled in an educational setting, above target of 90%.
- Provided timely intervention to children who have complex behavioral/emotional needs through the KidSTART program by serving 245 children ages 0-5 years, above target of 100 children. The projected number of children assessed was exceeded because the program continues to work towards an optimal assessment and treatment procedure to fit the network of services offered.

Strategic Initiative – Safe and Livable Communities

- Improved quality and efficient care by integrating physical and behavioral health services with two modified service delivery system pilot programs. A pilot was initiated at the Family Health Centers of San Diego focusing on integration of care resources for Medi-Cal and uninsured patients. The second pilot was initiated at Vista Hill focusing on the effectiveness of embedding behavioral health specialists within the primary care team at three clinics in rural San Diego County. Pilot data were reviewed quarterly to ensure that Primary Care Initiative outcomes were met.



- Supported healthy and safe living by ensuring that 44% (5,720 of 13,000) of participants completed alcohol and drug treatment, above target of 35%.

Required Discipline – Customer Satisfaction

- Ensured access to outpatient mental health assessments for at-risk children and youth by maintaining an average wait time of 4.8 days, slightly better than the target of 5 average days.
- Ensured access and care and treatment into nonresidential alcohol and drug treatment for adolescents by admitting 91% (1,317 of 1,440) within 14 days, above target of 85%.
- Improved access to outpatient mental health services to older adults by serving an additional 5% (from 5,393 to 5,662), meeting target.
- Increased utilization and efficiency at outpatient mental health clinics by reducing the number of adults who cancel or fail to show by 10% (from 20,152 to 18,137).

Required Discipline – Accountability, Transparency and Ethical Conduct

- Demonstrated accountability and commitment to outstanding patient care by:
 - Maintaining full accreditation with the Joint Commission Standards Compliance for SDCPH.
 - Maintaining State rating of substantial compliance for Edgemoor DPSNF.
 - Meeting the national benchmark (1.78 occurrences or less per 1,000 patient days) for the use of mechanical or manual restraints at SDCPH.

Required Discipline – Information Technology

- Improved operational effectiveness and efficiency by completing implementation of the Electronic Health Record for BHS providers and clients.

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Healthy Families

- Build a better service delivery system for children and adults with behavioral and physical health needs.
 - Provide timely intervention to children who have complex behavioral/emotional needs through the KidSTART program by serving 100 children ages 0-5 years.
 - Improve quality and efficient care by integrating physical and behavioral health services with two modified service delivery system pilot programs. Pilot data will be reviewed quarterly to ensure that Primary Care Initiative outcomes are being met.
- Support positive choices among participants in alcohol and drug treatment programs.
 - Support educational growth and overall well-being of adolescents who complete alcohol and drug treatment by ensuring 90% (833 of 925) either complete high school (or the equivalent) or are enrolled in an educational setting.
 - Support healthy and safe living by ensuring that 35% (4,550 of 13,000) of participants complete alcohol and drug treatment.
- Pursue policy and environmental changes by increasing utilization and efficiency at outpatient mental health clinics by reducing the number of adults who cancel or fail to show by 10% (from 18,137 to 16,323).

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service through timely and improved access to services.
 - Ensure access to outpatient mental health assessments for at-risk children and youth by maintaining an average wait time of 5 days.
 - Ensure access and care and treatment into nonresidential alcohol and drug treatment for adolescents by admitting 85% (1,224 of 1,440) within 14 days.
 - Improve access to outpatient mental health services to older adults by serving an additional 5% (from 5,662 to 5,945).

Required Discipline – Accountability, Transparency and Ethical Conduct

- Advance operational excellence by demonstrating accountability and commitment to outstanding patient care.
 - Maintain full accreditation with the Joint Commission Standards Compliance for SDCPH.
 - Maintain State rating of substantial compliance for Edgemoor DPSNF.
 - Meet the national benchmark (1.78 occurrences or less per 1,000 patient days) for the use of mechanical or manual restraints at SDCPH.

Related Links

For information about the Network of Care for Behavioral Health, go to <http://sandiego.networkofcare.org>.

For additional information on the programs offered by the Health and Human Services Agency, refer to the website <http://www.sdcountry.ca.gov/hhsa/>.



Performance Measures	2010-11 Actuals	2010-11 Adopted	2011-12 Estimated Actuals	2012-13 Proposed	2013-14 Proposed
Children 0-5 years served in KidSTART ¹ program	214	100	245 ²	100 ²	100
Adolescents discharged from alcohol and drug treatment who complete high school or the equivalent, or are enrolled in an educational setting	96% of 715	90% of 925	97% of 925	90% of 925	90% of 925
Participants in alcohol and drug treatment who complete treatment	45% of 11,046	35% of 13,000	44% of 13,000	35% of 13,000	35% of 13,000
Decrease the number of adult clients who cancel or fail to show for outpatient mental health appointment ³	N/A	10%	10% (from 20,152 to 18,137)	10% (from 18,137 to 16,323)	10% (from 18,137 to 16,323)
Wait time for children's mental health outpatient treatment	5 days	5 days	4.8 days	5 days	5 days
Adolescents admitted timely (within 14 calendar days) to non-residential alcohol and drug treatment	88% of 1,369	85% of 1,440	91% of 1,440	85% of 1,440	85% of 1,440
Increase in number of older adults receiving mental health services	5% (from 5,137 to 5,393)	5% (from 5,393 to 5,662)	5% (from 5,393 To 5,662)	5% (from 5,662 to 5,945)	5% (from 5,662 to 5,945)
Compliance rating of Edgemoor DPSNF ⁴	D	D	D	D	D

Table Notes

¹ KidSTART is a multidisciplinary program with Child Welfare Services and funded by the First 5 Commission. The program provides screening, triage, assessment, referral and treatment.

² The target of 100 was exceeded in Fiscal Year 2011-12 due to conservative projections on how many children would be assessed and provided mental health treatment. However, the target was not increased for Fiscal Year 2012-13 due to funding concerns.

³ Effective Fiscal Year 2011-12, this measure has been included to reflect strategic priorities and is calculated on a quarterly basis.

⁴ The rating of "D" is the highest possible rating. The rating comes from an annual survey, in adherence to Title 22 statute, and looks at over 2,000 requirements. It indicates substantial compliance as defined by the California Department of Public Health Services Licensing and Certification Program, which means there are no widespread deficiencies and minimal physical, mental and/or psychological discomfort to the residents. There are no facilities (out of 91) with a zero deficiency in San Diego County.



Proposed Changes and Operational Impact: 2011-12 to 2012-13

Staffing

Decrease of 8.00 staff years in BHS and transfers between programs based on operational needs.

- Decrease of 5.00 staff years in Mental Health Services (MHS) due to the transfer of 3.00 staff years to Public Health Services, 1.00 staff year to Strategic Planning and Operational Support and 1.00 staff year to Administrative Support. These 5.00 staff years are no longer needed in MHS due to the discontinuance of the agreement with the San Diego County Office of Education (SDCOE) for Educationally Related Mental Health Services (ERMHS). Effective July 1, 2011, the Special Education Students program (Assembly Bill 3632, *Mental Health Services for Special Education Pupils*) was permanently transferred from the counties to the local schools. SDCOE has assumed responsibility for this program with a small amount being contracted with MHS.
- Decrease of 3.00 staff years in Inpatient Health Services due to transfer of staff years to Regional Operations to support health promotion activities.

Expenditures

Net increase of \$3.3 million.

- Salaries and Benefits — increase of \$0.8 million due to negotiated labor agreements and an increase in retirement contributions, offset by a decrease due to a reduction of 8.00 staff years.
- Services and Supplies — increase of \$5.3 million.
 - Increase of \$7.9 million in Mental Health Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) contracts to maximize use of one-time Proposition 63, *Mental Health Services Act* (MHSA), funding.
 - Increase of \$3.0 million in Alcohol and Other Drug Services contracts for the Narcotics Treatment Program.
 - Increase of \$3.0 million in contracted mental health and substance abuse services to Low Level Offenders associated with the State's transfer of this population to the county through the implementation of Assembly Bill (AB) 109, *Public Safety Realignment*. The \$3.0 million in appropriations is the amount the Community Corrections Partnership (CCP) allocated for these services in FY 11-12. It is expected CCP

will allocate a higher amount of services in Fiscal Year 2012-13, and when this occurs, HHSA will pursue Board action to increase appropriations.

- Decrease of \$8.4 million in Mental Health Services in contracted services due to the discontinuance of the agreement with SDCOE for ERMHS.
- Decrease of \$0.2 million in various services and supplies.
- Expenditure Transfer and Reimbursements — increase of \$3.0 million associated with the reimbursement for services under AB 109 through the Probation Department. Since the amount to be reimbursed will be increased by \$3.0 million, it has the effect of decreasing expenditures by \$3.0 million.
- Capital Assets Equipment — increase of \$0.2 million in Inpatient Health Services to purchase patient lifts.

Revenues

Net increase of \$3.3 million.

- Intergovernmental Revenue — increase of \$8.8 million.
 - Due to the passage of Assembly Bill (AB) 118, *Local Revenue Fund 2011*, the State's realignment of various programs to counties, \$7.9 million of State revenue was recategorized to 2011 Realignment revenue, with no net variance and no impact to client services.
 - Increase of \$7.9 million in MHSA revenue due to planned enhancements of CSS and PEI contracts to use prior year unexpended funds.
 - Increase of \$4.9 million of 2011 Realignment in Mental Health for increased costs and due to the reduction in Securitized Tobacco Settlement funding.
 - Increase of \$1.5 million of 2011 Realignment in Alcohol and Drug Services associated with the Narcotics Treatment Program.
 - Increase of \$1.5 million in Alcohol and Drug Services federal revenue associated with the Narcotics Treatment Program.
 - Increase of \$1.0 million in Managed Care to offset increased costs.
 - Increase of \$0.8 million in various state and federal revenues.
 - Decrease of \$8.4 million in ERMHS revenues due to the discontinuance of the agreement with SDCOE.
 - Decrease of \$0.4 million in American Recovery and Reinvestment Act (ARRA) funding in Edgemoor Distinct Part Skilled Nursing Facility due to discontinuance of funding.
- Charges for Current Services — increase of \$1.0 million for Inpatient Health Services.
- Miscellaneous Revenues — decrease of \$2.7 million.

- Decrease of \$4.4 million in Recovered Expenditures from prior year one-time funding.
- Increase of \$1.7 million in Mental Health Services for contracts with the school districts.
- Other Financing Sources — decrease of \$3.0 million in Securitized Tobacco Settlement funding.
- Use of Fund Balance — decrease of \$0.8 million. A total of \$0.2 million budgeted to fund one-time negotiated salary adjustments.

Proposed Changes and Operational Impact: 2012-13 to 2013-14

Net increase of \$2.5 million is the result of an increase of \$2.3 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions as well as an increase of \$0.3 million in Services and Supplies, offset by a decrease of \$0.1 million in Other Charges and Capital Assets Equipment.



Behavioral Health Services

Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Alcohol and Other Drug Services	24.00	25.00	25.00	0.0	25.00
Mental Health Services	297.50	296.50	284.25	(4.1)	284.25
Inpatient Health Services	464.25	462.25	459.25	(0.6)	459.25
Behavioral Health Svcs Administration	54.75	53.75	61.00	13.5	61.00
Total	840.50	837.50	829.50	(1.0)	829.50

Budget by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Alcohol and Other Drug Services	\$ 43,484,633	\$ 54,346,304	\$ 59,483,556	9.5	\$ 59,569,476
Mental Health Services	294,445,966	302,969,599	299,301,560	(1.2)	300,939,189
Inpatient Health Services	59,796,981	62,167,691	63,488,189	2.1	64,061,916
Behavioral Health Svcs Administration	8,186,573	8,251,112	8,799,185	6.6	9,011,085
Total	\$ 405,914,153	\$ 427,734,706	\$ 431,072,490	0.8	\$ 433,581,666

Budget by Categories of Expenditures

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Salaries & Benefits	\$ 80,949,413	\$ 84,607,218	\$ 85,452,776	1.0	\$ 87,757,452
Services & Supplies	322,709,056	340,190,406	345,462,632	1.5	345,772,132
Other Charges	2,174,314	2,980,506	3,030,506	1.7	3,005,506
Capital Assets Equipment	100,000	—	170,000	—	90,000
Expenditure Transfer & Reimbursements	(18,630)	(43,424)	(3,043,424)	6,908.6	(3,043,424)
Total	\$ 405,914,153	\$ 427,734,706	\$ 431,072,490	0.8	\$ 433,581,666

Budget by Categories of Revenues

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Intergovernmental Revenues	\$ 355,778,509	\$ 374,365,812	\$ 383,194,071	2.4	\$ 385,603,805
Charges For Current Services	31,756,911	33,670,855	34,624,144	2.8	34,925,146
Miscellaneous Revenues	4,880,591	5,240,614	2,554,573	(51.3)	2,554,573
Other Financing Sources	6,000,000	6,000,000	3,000,000	(50.0)	3,000,000
Use of Fund Balance	—	959,283	201,560	(79.0)	—
General Purpose Revenue Allocation	7,498,142	7,498,142	7,498,142	(0.0)	7,498,142
Total	\$ 405,914,153	\$ 427,734,706	\$ 431,072,490	0.8	\$ 433,581,666



Child Welfare Services

Department Description

Child Welfare Services (CWS) delivers culturally competent, family-centered and child-focused protective services. CWS investigates reports of suspected child abuse and neglect and intervenes with families who do not meet the minimum community standards of health and safety as required by law. In addition to these services, CWS administers the Polinsky Children's Center (PCC), a 24-hour temporary emergency shelter for children; and San Pasqual Academy, a first-in-the-nation residential education campus for adolescent foster youth.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2011-12 Anticipated Accomplishments

Strategic Initiative – Kids

- Promoted stability for children by placing them with family, relative or other foster care setting by diverting 63% (66 of 105) of children entering PCC in less than 24 hours, below target of 65%. The number of children projected to enter PCC was less than the estimated 600 due to the efforts of regional staff.
- Promoted stability for youth enrolled in the intensive, wraparound program by placing 74% (160 of 217) into a family-like setting, above target of 65%.
- Strengthened families by ensuring that 24% (110 of 459) of children were adopted within 24 months of entering child welfare services, below target of 30%.
- Supported educational achievement of foster youth in the 12th grade, including children in San Pasqual and other residential settings, by ensuring that 85% (161 of 190) earned a high school diploma or equivalent, meeting target.
- Improved response for children exposed to domestic violence, by building a trauma informed system of care, through staff training.
- PCC hosted its 2nd annual health fair with over 400 guests in attendance. This year's fair "Six Dimensions of Health" supports the Agency's *Live Well, San Diego!* initiative by promoting programs aimed at creating a healthy, safe and thriving community.



Strategic Initiative- Safe and Livable Communities

- PCC implemented a food waste composting program to reduce its carbon footprint and help prolong the life of local landfills saving approximately 130 pounds per day of food waste.

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Healthy Families

- Build a better service delivery system for vulnerable children and youth by promoting stability, strengthening families, and supporting activities for a successful transition to adulthood.
 - Place 65% (390 of 600) of children entering Polinsky Children's Center in less than 24 hours with a family, relative or other foster care setting.
 - Strengthen families by ensuring that 30% (193 of 644) of children are adopted within 24 months of entering child welfare services.
 - Place 65% (90 of 139) of youth in an intensive, wrap-around program that provides a family-like setting.
 - Support educational achievement of foster youth in the 12th grade, including children in San Pasqual and other residential settings, by ensuring that 85% (161 of 190) earn a high school diploma or equivalent.
 - Establish the Extended Foster Care program to promote successful transition of former foster youth, ages 18 through 21 years.

Related Links

For information about San Diego County Adoptions, go to <http://www.iadoptu.org> and for San Pasqual Academy, go to <http://www.sanpasqualacademy.org>.

For additional information on the programs offered by the Health and Human Services Agency, refer to the Web at <http://www.sdcounty.ca.gov/hhsa/>.

Performance Measures¹

	2010-11 Actuals	2011-12 Adopted	2011-12 Estimated Actuals	2012-13 Proposed	2013-14 Proposed
Polinsky Children's Center assessment center entries placed in family, relative or other foster care settings in less than 24 hours	60% of 513	65% of 600	63% of 105	65% of 300	65% of 300
Children who were adopted from the child welfare system were adopted within 24 months	26% of 460	30% of 644	24% of 459	30% of 644	30% of 644
Youth in intensive, wraparound program in a family-like setting	65% of 171	65% of 139	74% of 217	65% of 139	65% of 139
Foster children in 12 th grade who achieve high school completion (diploma, certificate, or equivalent)	82% of 191	85% of 190	85% of 190	85% of 190	85% of 190

Table Notes

¹ For more Child Welfare Services performance measures, go to the HHSA Regional Operations section.

Proposed Changes and Operational Impact: 2011-12 to 2012-13

Staffing

Net increase of 14.00 staff years and transfers between divisions based on operational needs.

- Increase of 14.00 staff years due to the move of the Court Unit staff from Regional Child Welfare Services.
- Increase of 1.00 staff year due to transfer of staff from Regional Child Welfare Services for programmatic needs.
- Decrease of 1.00 staff year due to transfer of staff to Human Resources to support increased recruitment and training needs.

Expenditures

Net decrease of \$10.1 million.

- Salaries and Benefits — increase of \$1.8 million due to negotiated labor agreements, increase in retirement contributions, and the increase of 14.00 staff years.
- Services and Supplies — net increase of \$1.4 million.

- Increase of \$1.7 million for the expansion of the Transitional Housing Program to serve emancipated youth, ages 18 to 24 years.
- Increase of \$0.9 million in various services and supplies, including rents and leases and internal service funds charges, and due to the move of appropriations from Other Charges.
- Decrease of \$0.6 million in domestic violence services contracts due to declining revenue. CWS will be working with stakeholders to reengineer provision of services.
- Decrease of \$0.4 million in Family Integrated Treatment (FIT) contracts due to the expiration of a grant.
- Decrease of \$0.2 million in the KidSTART and Developmental Screening and Enhancement Program (DSEP) contracts to align to projected spending.
- Other Charges — net decrease of \$13.3 million.
 - Decrease of \$10.8 million in Seriously Emotionally Disturbed (SED) due to the State shifting responsibility to the San Diego County Office of Education.
 - Decrease of \$5.5 million in Foster Care to align with caseload trend.



- Decrease of \$0.4 million in Other Charges due to moving the appropriations under Services and Supplies.
- Increase of \$3.4 million in Aid for Adopted Children to align with caseload trend.

Revenues

Net decrease of \$10.1 million

- Licenses, Permits and Franchises — decrease of \$0.6 million to align to projected available revenue from the Domestic Violence Trust Fund.
- Intergovernmental Revenues — net decrease of \$6.8 million.
 - Due to the passage of Assembly Bill (AB) 118, *Local Revenue Funds 2011*, the State's realignment of various programs to counties, \$76.9 million of State revenue was recategorized to 2011 Realignment, with no net variance and no impact to client services.
 - Increase of \$2.2 million in federal funding for Aid for Adopted Children to align with caseload trend.
 - Increase of \$4.5 million in federal Child Welfare services revenue to align with the allocations.
 - Decrease of \$10.8 million associated with reductions in SED.
 - Decrease of \$2.3 million associated with the reduction in Foster Care payments.
 - Decrease of \$0.4 million in FIT grant due to a decrease in funding.

- Charges for Current Services — decrease of \$0.2 million in funding from the First Five Commission due to the reduction of the KidSTART and DSEP contracts.
- Miscellaneous Revenues — net increase of \$1.4 million. Increase of \$1.7 million of CWS Wrap Trust Fund for the planned expansion of Transitional Housing Program, offset by a decrease of \$0.3 million in various miscellaneous revenues.
- Fund Balance Component Decreases — decrease of \$4.0 million used as one-time funding in Fiscal Year 2011-12.
- Use of Fund Balance — increase of \$0.1 million. A total of \$0.4 million is budgeted to fund a one-time negotiated salary adjustment.
- General Purpose Revenue Allocation — decrease of \$0.1 million.

Proposed Changes and Operational Impact: 2012-13 to 2013 -14

Increase of \$3.7 million is the result of an increase of \$1.6 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions, and an increase of \$2.1 million in Other Charges for Aid for Adopted Children to align with caseload.



Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Child Welfare Services	496.50	471.50	485.50	3.0	485.50
Foster Care	97.00	93.00	94.00	1.1	94.00
Adoptions	151.00	139.00	138.00	(0.7)	138.00
Total	744.50	703.50	717.50	2.0	717.50

Budget by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Child Welfare Services	\$ 71,444,496	\$ 69,297,401	\$ 72,092,486	4.0	\$ 73,198,804
Foster Care	176,493,916	174,714,167	161,814,273	(7.4)	164,086,468
Adoptions	15,382,591	14,614,842	14,592,166	(0.2)	14,925,722
Total	\$ 263,321,003	\$ 258,626,410	\$ 248,498,925	(3.9)	\$ 252,210,994

Budget by Categories of Expenditures

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Salaries & Benefits	\$ 62,493,011	\$ 59,235,850	\$ 60,988,821	3.0	\$ 62,605,822
Services & Supplies	31,178,560	31,514,166	32,878,758	4.3	32,878,758
Other Charges	169,649,432	167,876,394	154,631,346	(7.9)	156,726,414
Total	\$ 263,321,003	\$ 258,626,410	\$ 248,498,925	(3.9)	\$ 252,210,994

Budget by Categories of Revenues

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Licenses Permits & Franchises	\$ —	\$ 1,254,000	\$ 654,000	(47.8)	\$ 654,000
Revenue From Use of Money & Property	681,211	681,211	681,211	0.0	681,211
Intergovernmental Revenues	242,636,436	237,698,399	230,913,784	(2.9)	232,850,534
Charges For Current Services	5,173,372	4,796,684	4,615,622	(3.8)	4,615,622
Miscellaneous Revenues	859,072	366,450	1,791,450	388.9	1,791,450
Fund Balance Component Decreases	4,431,710	4,000,000	—	(100.0)	2,163,314
Use of Fund Balance	—	290,464	387,995	33.6	—
General Purpose Revenue Allocation	9,539,202	9,539,202	9,454,863	(0.9)	9,454,863
Total	\$ 263,321,003	\$ 258,626,410	\$ 248,498,925	(3.9)	\$ 252,210,994

Public Health Services

Department Description

Public Health Services (PHS) promotes wellness, healthy behaviors and access to quality care; prevents injuries, disease, disabilities and epidemics; and protects against environmental hazards, disasters, and other public health threats. PHS seeks to identify and address root causes of priority health issues to achieve health equity among all San Diegans. Providing public health protection for County residents and visitors is a multidisciplinary and collaborative effort, involving other County Groups, as well as the private health care provider network, schools, businesses, communities and individuals.



Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2011-12 Anticipated Accomplishments

Strategic Initiative – Kids

- Ensured preventive health examinations were performed to identify and correct health issues for 88% (2,470 of 2,820) of children in out-of-home placement, above target of 85%.
- Expedited California Children Services (CCS) referrals and improved accuracy by receiving 50% (32,500 of 65,000) of referrals electronically, below target of 60% due to unforeseen challenges of bringing on smaller-size providers.

Strategic Initiative – Safe and Livable Communities

- Reduced the spread of disease by investigating 99% (79 of 80) of reported selected communicable disease cases within 24 hours, below target of 100%.
- Prevented transmission of tuberculosis (TB) by ensuring 95% (246 of 259) of cases was reported within one working day from start of treatment, below target of 98%.
- Increased access to health care by connecting 98% (985 of 1,000) of new case management clients with an HIV primary care provider within 90 days, meeting target.
- Ensured preparedness for response during a disaster or public health threat by activating the public health emergency response system five times during the fiscal year, meeting target.

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, at the right time, to the right people.

Strategic Initiative – Safe Communities

- Build a better service delivery system through implementation of programs to protect the health of the public.
 - Reduce spread of disease by investigating 100% (estimate 80) of reported selected communicable disease cases within 24 hours.
 - Prevent transmission of tuberculosis (TB) by ensuring 95% (estimate 260) of cases are reported within one working day from start of treatment.
 - Increase access to health care by connecting 98% (980 of 1,000) of new case management clients with an HIV primary care provider within 90 days.
 - Ensure preparedness for response during a disaster or public health threat by activating the public health emergency response system a minimum of five times.

Strategic Initiative – Healthy Families

- Build a better service delivery system for vulnerable children.
 - Ensure preventive health examinations are performed to identify and correct health issues for 85% (2,550 of 3,000) of children in out-of-home placement.
 - Expedite California Children Services (CCS) referrals and improve accuracy by receiving 55% (35,750 of 65,000) of referrals electronically.



- Promote positive choices by changing at least one procurement practice within one unified school district to increase fruits and vegetables or decrease sodium content in school meals, part of the Community Transformation Grant activities.

Required Discipline for Excellence – Continuous Improvement and Innovation

- Advance operational excellence by conducting a minimum of six quality improvement projects.

Related Links

For health statistics that describe health behaviors, diseases and injuries for specific populations, health trends and comparison to national targets, go to <http://www.sdhealthstatistics.com/>.

For additional information about the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcountry.ca.gov/hhsa/>.

Performance Measures ¹	2010-11 Actuals	2011-12 Adopted	2011-12 Estimated Actuals	2012-13 Proposed	2013-14 Proposed
Selected communicable diseases cases contacted/investigations initiated within 24 hours ²	100% of 72	100% of 80	99% of 80	100% of 80	100% of 80
TB cases reported to PHS within one working day from start of treatment ²	96% of 216	98% of 200	95% of 259	95% of 260	95% of 260
New clients enrolled with an HIV primary care provider within 90 days ²	98% of 1,046	98% of 1,000	98% of 1,000	98% of 1,000	98% of 1,000
Activation of public health emergency response system for drills, exercises and actual responses	7	5	5	5	5
Children in out-of-home placements who receive preventive health examinations in accordance with CHDP ³ guidelines	87% of 2,976	85% of 3,000	88% of 2,820	85% of 3,000	85% of 3,000
Number of eQuest referrals to CCS	46% of 65,223	60% of 35,000	50% of 65,000	55% ⁴ of 65,000	55% of 65,000

Table Notes

¹ For more Public Health Services performance measures, go to the HHSA Regional Operations section.

² The estimated numbers of cases listed in the Adopted and Proposed columns are based on an average and may vary from year to year since these measures are based on incidents that have not yet happened and cannot be predicted.

³ CHDP stands for Child Health and Disability Prevention program.

⁴ Effective Fiscal Year 2012-13, the target has been lowered to reflect the challenges of bringing on smaller-sized community partners who face technology hurdles.



Proposed Changes and Operational Impact: 2011-12 to 2012-13

Staffing

Increase of 3.00 staff years.

- Increase of 3.00 staff years due to the transfer of staff from Behavioral Health Services to support frontline activities in Epidemiology, Emergency Medical Services, and Maternal, Child and Family Health Services to promote wellness, healthy behaviors and access to quality care.

Expenditures

Net decrease of \$1.9 million.

- Salaries and Benefits — increase of \$0.7 million due to negotiated labor agreements, an increase in County retirement contributions, and the increase of 3.00 staff years.
- Services and Supplies — decrease of \$2.6 million.
 - Decrease of \$7.3 million in contracts related to the completion of the Communities Putting Prevention to Work (CPPW) Initiative.
 - Decrease of \$0.3 million in contracts funded by federal bioterrorism revenue.
 - Increase of \$1.8 million in contracts related to HIV Prevention and Care services and Minority AIDS Initiative.
 - Increase of \$1.5 million in contracts related to the Community Transformation Grant (CTG).
 - Increase of \$1.3 million in services and professional and specialized services in County Service Areas (CSA) 17 and 69.
 - Increase of \$0.4 million for information technology costs, additional lab services provided to the Sheriff's Department and various other services and supplies.

Revenues

Net decrease of \$1.9 million.

- Intergovernmental Revenues — decrease of \$1.9 million.

- Decrease of \$8.8 million in federal revenue for the CPPW Initiative.
- Decrease of \$0.7 million in federal bioterrorism revenue.
- Decrease of \$0.2 million in State Proposition 99, Tobacco Tax and Health Protection Act of 1988, revenue for the Tobacco Control Resource Program.
- Increase of \$2.6 million in federal funding for the Community Transformation Grant (CTG).
- Increase of \$2.5 million in federal HIV Prevention and Care funding and Ryan White revenue for the Minority AIDS Initiative.
- Increase of \$1.3 million in 1991 Realignment revenue.
- Increase of \$0.9 million due to additional revenue for ambulance transport fees (CSAs 17 and 69).
- Increase of \$0.5 million in federal revenue for the Pandemic Flu grant, the Public Health Infrastructure project and for the Supplemental Nutrition Assistance Program Education (SNAP-Ed) project.
- Charges for Current Services — increase of \$0.4 million due to additional revenue for non-resident transport fees for CSA 17.
- Miscellaneous Revenues — increase of \$0.2 million in revenues for lab services provided for the Sheriff's Department.
- Use of Fund Balance — decrease of \$0.6 million. A total of \$0.1 million budgeted to fund one-time negotiated salary adjustments and the Childhood Obesity Initiative.

Proposed Changes and Operational Impact: 2012-13 to 2013-14

Net increase of \$3.1 million as a result of an increase of \$1.6 million in Salary and Benefits due to negotiated labor agreements and an increase in retirement contributions and an increase of \$1.5 million in Services and Supplies primarily associated with contract in the CSAs, Maternal Child and Family Health and HIV, STD and Hepatitis Branch.



Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Administration and Other Services	26.00	26.00	27.00	3.8	27.00
Bioterrorism / EMS	50.00	50.00	48.00	(4.0)	48.00
Infectious Disease Control	108.25	108.25	108.25	0.0	108.25
Surveillance	84.00	83.00	84.00	1.2	84.00
Prevention Services	70.50	72.50	75.50	4.1	75.50
California Childrens Services	141.00	141.00	141.00	0.0	141.00
Total	479.75	480.75	483.75	0.6	483.75

Budget by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Administration and Other Services	\$ 4,866,019	\$ 5,025,879	\$ 5,476,625	9.0	\$ 5,569,773
Bioterrorism / EMS	12,964,360	12,363,187	11,822,371	(4.4)	11,647,852
Infectious Disease Control	25,781,115	26,558,430	28,943,895	9.0	29,821,742
Surveillance	10,948,097	11,098,908	11,415,770	2.9	12,005,482
Prevention Services	19,898,960	19,665,831	13,837,019	(29.6)	14,682,064
California Childrens Services	19,529,877	19,954,422	19,896,224	(0.3)	20,352,612
Ambulance CSA's - Health & Human Services	8,204,667	8,713,933	10,049,365	15.3	10,470,356
Total	\$ 102,193,095	\$ 103,380,590	\$ 101,441,269	(1.9)	\$ 104,549,881

Budget by Categories of Expenditures

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Salaries & Benefits	\$ 48,417,319	\$ 49,645,234	\$ 50,335,517	1.4	\$ 51,960,382
Services & Supplies	49,163,076	49,169,586	46,570,982	(5.3)	48,054,729
Other Charges	4,575,000	4,585,000	4,585,000	0.0	4,585,000
Capital Assets Equipment	233,000	176,070	145,070	(17.6)	145,070
Expenditure Transfer & Reimbursements	(195,300)	(195,300)	(195,300)	0.0	(195,300)
Total	\$ 102,193,095	\$ 103,380,590	\$ 101,441,269	(1.9)	\$ 104,549,881

Budget by Categories of Revenues

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Taxes Current Property	\$ 1,865,357	\$ 1,626,585	\$ 1,602,726	(1.5)	\$ 1,642,726
Taxes Other Than Current Secured	43,949	43,949	26,784	(39.1)	26,784
Licenses Permits & Franchises	177,957	157,039	179,039	14.0	179,039
Fines, Forfeitures & Penalties	2,273,805	2,263,805	2,263,805	0.0	2,263,805
Revenue From Use of Money & Property	81,000	104,000	79,000	(24.0)	79,000
Intergovernmental Revenues	85,855,113	85,897,311	84,000,021	(2.2)	84,298,933
Charges For Current Services	6,495,469	7,087,264	7,480,303	5.5	8,074,761
Miscellaneous Revenues	764,507	870,107	1,096,303	26.0	1,097,520
Other Financing Sources	500,000	500,000	500,000	0.0	500,000
Fund Balance Component Decreases	—	—	—	0.0	2,251,375
Use of Fund Balance	50,000	744,592	127,350	(82.9)	50,000
General Purpose Revenue Allocation	4,085,938	4,085,938	4,085,938	(0.0)	4,085,938
Total	\$ 102,193,095	\$ 103,380,590	\$ 101,441,269	(1.9)	\$ 104,549,881





Public Administrator / Public Guardian

Department Description

Public Administrator/Public Guardian provides services to protect and manage the estates of decedents and at-risk individuals who are unable to make decisions for themselves. The Public Administrator (PA) administers estates of persons who die with no will or without an appropriate person to act as an administrator; protects the decedent's property from waste, loss or theft and ensures the estate is administered according to the decedent's wishes. The Public Guardian (PG) serves as the legally appointed guardian or conservator for persons found by the Courts to be unable to take care of themselves or their assets — generally older, frail and vulnerable adults who are at risk or have been a victim of abuse or neglect.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2011-12 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

- Achieved 100% (180) accuracy in mapping of all clients and real property under the purview of PA/PG for emergency planning, response and recovery services, meeting target.
- Ensured 90% (441 of 491) of all bank inquiries began within 2 business days to safeguard and protect the assets and resources of PA/PG clients, meeting target.
- Initiated 99% (207 of 210) of conservatorship investigations began within two business days of receiving a referral for conservatorship, as mandated by the Omnibus Conservatorship and Guardianship Act, below target of 100%.

Required Discipline – Fiscal Stability

- Completed procurement of Personal Property Auction and Warehouse services which will result in potential future cost savings from no longer needing a warehouse.

Required Discipline – Customer Satisfaction

- Submitted 100% (10) of Inventory and Appraisal of all estate cases in the PG Program to the Court within 90 days of receiving letters of Conservatorship, meeting target.



- Submitted 100% (13) of Inventory and Appraisal of all formal probate cases in the PA Program within 120 days of receiving letters of Administration, meeting target. A formal probate case is an estate valued over \$150,000 and is under the supervision of the court.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Certified 100% (19) of Deputy PA/PG staff and supervisors in accordance with the mandated California State PA/PG certification program, meeting target.

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Safe Communities

- Build a better service delivery system by safeguarding and protecting vulnerable adults from financial, physical and emotional abuse.
 - Ensure that 100% (180) of conservatorship investigations are begun within two business days of referral being assigned to an investigator as mandated by the Omnibus Conservatorship and Guardianship Reform Act.
 - Complete 85% (107 of 127) of face-to-face visits with conservatees living in San Diego County within 30 days of previous date of face-to-face visit.
 - Begin 95% (466 of 491) of all bank inquiries within two business days to safeguard and protect the assets and resources of clients.
 - Submit 100% (10) of Inventory and Appraisal reports of all estate cases in the PG Program within 90 days of receiving letters of conservatorship to the Court.

- Ensure 80% (844 of 1,056) of PA investigations are begun within two business days of a referral being assigned for investigation.
- Submit 100% (20) Inventory and Appraisal reports of all formal probate cases in the PA Program within 120 days of receiving letters of Administration to the Court. A formal probate case is an estate valued over \$150,000 and is under court supervision.

Required Discipline for Excellence – Skilled, Adaptable and Diverse Workforce

- Advance operational excellence of a skilled workforce by maintaining 100% (19) mandated California State PA/PG certification for applicable PA/PG staff in order to improve services to conservatees and families of decedents.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence through service coordination by completing co-location with the Mental Health Conservator Office to improve coordination of services with shared clients.

Related Links

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcountry.ca.gov/hhsa/programs/papg>.

Performance Measures	2010-11 Actuals	2011-12 Adopted	2011-12 Estimated Actuals	2012-13 Proposed	2013-14 Proposed
Conservatorship investigations begin within 2 business days of referral being assigned	100% of 162	100% of 135	99% of 210	100% of 180	100% of 180
Face to face visits with conservatees completed within 30 days of previous visit ¹	N/A	N/A	N/A	85% of 127	85% of 127
All bank inquiries begin within 2 business days ²	N/A	90% of 491	90% of 491	95% of 491	95% of 491
PG Estate cases submit I&A reports to Probate Court within 90 days of receipt of Letters of Conservatorship	100% of 8	100% of 20	100% of 10	100% of 10	100% of 10
PA investigations begin within 2 days of referral	N/A	N/A	N/A	80% of 1,056	80% of 1,056
PA formal probate cases submit I&A reports to Probate Court within 120 days of receiving Letters of Administration	100% of 17	100% of 20	100% of 13	100% of 20	100% of 20
Deputy PA/PGs certified by California State PA/PG Association	100% of 19	100% of 19	100% of 19	100% of 19	100% of 19
Client and real property accurately mapped	100% of 176	100% of 210	100% of 180	N/A ³	N/A

Table Notes

¹ Effective Fiscal Year 2012-13, this is a new measure to reflect strategic priorities.

² Effective Fiscal Year 2011-12, this measure has been included to reflect strategic priorities.

³ Effective Fiscal Year 2012-13, this measure will no longer be reported in the Operational Plan.

Proposed Changes and Operational Impact: 2011-12 to 2012-13

Staffing

No change in staffing.

Expenditures

- Salaries & Benefits: net decrease of \$0.1 million due to savings associated with anticipated vacant positions, partially offset by an increase due to negotiated labor agreements and an increase in County retirement contributions.

Revenues

- Revenue From Use of Money & Property — decrease of \$0.06 million due to lower projected interest earnings.
- Intergovernmental Revenue — decrease of \$0.04 million due to a decrease in federal revenue associated with Targeted Case Management.

- Charges for Current Services — decrease of \$0.4 million due to declining estate values.
- Use of Fund Balance — Total budget of \$0.4 million for one-time use to mitigate the projected decline in revenues and the continued reorganization of warehouse functions.
- General Purpose Revenue Allocation — increase of \$0.4 million to mitigate the projected decline in revenues stated previously.

Proposed Changes and Operational Impact: 2012-13 to 2013-14

A net decrease of \$0.4 million is the result of the anticipated reorganization of PA/PG warehouse functions partially offset by an increase in salaries & benefits due to negotiated labor agreements and an increase in retirement contributions.



Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Public Administrator/Guardian	34.00	34.00	34.00	0.0	34.00
Total	34.00	34.00	34.00	0.0	34.00

Budget by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Public Administrator/Guardian	\$ 4,472,416	\$ 4,591,551	\$ 4,457,052	(2.9)	\$ 4,052,887
Total	\$ 4,472,416	\$ 4,591,551	\$ 4,457,052	(2.9)	\$ 4,052,887

Budget by Categories of Expenditures

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Salaries & Benefits	\$ 3,427,029	\$ 3,538,664	\$ 3,404,165	(3.8)	\$ 3,000,000
Services & Supplies	795,387	802,887	802,887	0.0	802,887
Other Charges	250,000	250,000	250,000	0.0	250,000
Total	\$ 4,472,416	\$ 4,591,551	\$ 4,457,052	(2.9)	\$ 4,052,887

Budget by Categories of Revenues

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Licenses Permits & Franchises	\$ 46,000	\$ 46,000	\$ 46,000	0.0	\$ 46,000
Revenue From Use of Money & Property	160,000	100,000	40,000	(60.0)	40,000
Intergovernmental Revenues	60,000	35,500	—	(100.0)	—
Charges For Current Services	1,474,751	1,272,000	893,838	(29.7)	893,838
Miscellaneous Revenues	30,000	30,000	30,000	0.0	30,000
Use of Fund Balance	—	406,386	404,165	(0.5)	—
General Purpose Revenue Allocation	2,701,665	2,701,665	3,043,049	12.6	3,043,049
Total	\$ 4,472,416	\$ 4,591,551	\$ 4,457,052	(2.9)	\$ 4,052,887



Administrative Support

Department Description

The Health and Human Services Agency's (HHS) support divisions provide financial, administrative, planning and policy direction to the Agency's regions and divisions. Support divisions include: Financial Services and Support, Human Resources, Management Support, Agency Contract Support, and Agency Executive Office. The activities for compliance, legislation, media and strategy integration can be found within the Agency Executive Office.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2011-12 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

Ensure integration and achievement of *Live Well, San Diego!* strategies.

- Building a better service delivery system:
 - Supported successful implementation of *Building Better Health* strategy by identifying areas for integration and innovation by facilitating the development of region-specific community health improvement plans.
 - Improved access to services through increased Web-based referrals from 31% (44,758 of 145,894) to 35% (57,750 of 165,000) of referrals received annually, below target of 40%.
- Promoting positive choices:
 - Educated the public to make positive health choices through numerous press releases, media advisories, and press conferences such as *Tips for Dealing with Holiday Loneliness, Anxiety and Depression* in November 2011 and the *Love Your Heart* campaign in February 2012.
- Pursuing policy and environmental changes that support healthy, safe and thriving communities:
 - Proactively pursued a legislative agenda that supported *Live Well, San Diego!* by recommending support positions on bills in alignment with *Live Well, San Diego!*, including bills to expand medical coverage and increase protections for children.



- Improving the culture from within:
 - Engaged employees to embrace and apply the role they play in supporting healthy, safe and thriving residents through participation on the County Wellness Committee which initiated the *10,000 Steps* program and other programs such as “Lunch and Learn” programs on smoking cessation. Monthly email blasts were also sent to Agency employees that covered various health and wellness themes such as depression and mental health, cholesterol awareness, diabetes, and the Great American Smoke Out.
 - Completed a gap analysis during the first phase of an Agency employee succession plan that incorporates advancement of *Live Well, San Diego!*
 - Supported knowledge workers by completing the training of the remaining divisions on how to develop electronic training. The application of knowledge has resulted in activities such as the recent “It’s Up to Us” training to help increase staff understanding of mental illness.
 - Ensured that knowledge of regulations remains current and relevant by providing job specific compliance training to five Agency divisions, meeting target.

Required Discipline – Fiscal Stability

- Ensured accountability of public funds by completing 20 comprehensive financially focused compliance reviews of contractors, meeting target.
- The 10% decrease in returned/denied Medicare claims may not be met due to the temporary loss of subject matter expertise.

Required Discipline – Accountability, Transparency and Ethical Conduct

- Tracked, monitored and reported progress in implementing the County Health Strategy: *Building Better Health*. Issued the *2010-2011 Live Well, San Diego! Building Better Health Annual Report* on November 8, 2011, and a status update memo to the Board of Supervisors in Spring 2012.

Required Discipline – Continuous Improvement

- Advanced operational excellence by making data-driven decisions that focus on outcomes for programs such as public assistance and customer service in Family Resource Centers.
- Completed transition of Background Unit to the County Department of Human Resources, streamlining operations.

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Healthy Families

- Build a better service delivery system.
 - Support successful implementation of *Building Better Health* strategy by identifying areas for integration.
 - Increase efficiency and improving records management through the reduction of records storage space by 5% (from 18,865 to 17,921 boxes).
- Promote positive choices by educating the public to make positive choices in physical and mental health.

Required Discipline for Excellence – Regional Leadership

- Advance operational excellence by pursuing policy and environmental changes that support healthy, safe and thriving communities by identifying appropriate legislation that supports *Live Well, San Diego!*

Required Discipline for Excellence - Accountability, Transparency and Ethical Conduct

- Advance operational excellence by monitoring how public funds are spent and the results achieved.
 - Complete 20 comprehensive financially focused compliance review of contractors. A comprehensive financial focused compliance review consists of testing financial material, review of contractor financial systems and controls, and observation of contractor systems, activities and processes. A review can take from one month to nine months to complete.
 - Complete 28 quality assurance reviews of Region/ Divisions to ensure adherence to contracting policies and procedures.

Required Discipline for Excellence – Information Services

- Advance operational excellence through technology by supporting improvements in the Agency's technological framework to help the Agency build a better service delivery system.
 - Begin the process of enhancing or replacing legacy information technology (IT) systems so they will be capable of interfacing with the Enterprise Information Exchange (EIE) technology. EIE will allow various IT systems that could not interreact to be able to exchange information.
 - Ensure any new IT systems meet criteria for interface with the Enterprise Information Exchange.

Required Discipline for Excellence – Skilled, Adaptable and Diverse Workforce

- Advance operational excellence through a skilled workforce by implementing the second phase of the succession plan to advance the *Live Well, San Diego!* initiative.

Related Links

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcounty.ca.gov/hhsa/>.



Performance Measures	2010-11 Actuals	2011-12 Adopted	2011-12 Estimated Actuals	2012-13 Proposed	2013-14 Proposed
Completed comprehensive fiscal-compliance reviews ¹	22	20	20	20	20
Completed quality assurance reviews ²	N/A	N/A	N/A	28	28
Reduction in records storage space	20% (from 23,893 to 19,114 boxes)	10% ³ (from 19,114 to 17,202 boxes)	9% ³ (from 20,751 to 18,865 boxes)	5% (from 18,865 to 17,921 boxes)	5% (from 18,865 to 17,921 boxes)
Decrease in returned/denied Medicare claims ³	28% (from 11% [158 of 1,417] to 7.9% [36 of 456])	10% ⁴ over Fiscal Year 2010-11	TBD ⁴	N/A ⁶	N/A
Learning Management System (LMS) training capacity among Agency regions and divisions	16 ⁵	5 ⁵	16 ⁵	N/A ⁶	N/A
Job specific compliance training, via LMS, among Agency regions and divisions	4	5	5	N/A ⁶	N/A
Increase average use of Web-based referral systems	31% of 145,894	40% of 156,000	35% of 165,000	N/A ⁶	N/A

Table Notes

¹ A comprehensive financial focused compliance review consists of testing financial material, review of contractor financial systems and controls, and observation of contractor systems, activities and processes. A review can range from one month to nine months to complete.

² New measure effective Fiscal Year 2012-13.

³ The target for this measure is aligned to required record retention periods.

⁴ The total number of Medicare claims is not known at the beginning of the fiscal year since it is based on events yet to occur. The target decrease of 10% may not be met due to the temporary loss of subject matter expertise.

⁵ The increase in capacity among regions and divisions for developing their own electronic training from 4 to 16 was due to the focused efforts of the centralized training staff. This objective was met during the last quarter of Fiscal Year 2010-11. Therefore, the target of increasing capacity is not applicable for Fiscal Year 2011-12.

⁶ Effective Fiscal Year 2012-13, this measure will no longer be reported in the Operational Plan, however, it will be monitored internally.



Proposed Changes and Operational Impact: 2011-12 to 2012-13

Staffing

Increase of 4.00 staff years and transfers between divisions based on operational needs.

- Increase of 4.00 staff years in Human Resources to meet increased recruitment and training needs, especially in frontline positions such as eligibility and child welfare services. These 4.00 staff years are the result of 1.00 staff year transferred from Child Welfare Services, 1.00 staff year from Regional Operations, 1.00 staff year from Strategic Planning and Operational Support, and 1.00 staff year from Behavioral Health Services.
- The Agency Executive Office (AEO) has assumed the responsibilities previously assigned to the Office of Health Systems Innovation (OHSI).

Expenditures

Net increase of \$1.7 million.

- Salaries and Benefits — increase of \$0.3 million due to negotiated labor agreements, an increase in retirement contributions, and the increase of 4.00 staff years.
- Services and Supplies — increase of \$1.3 million.
 - Increase of \$1.0 million in major maintenance to support planned facility projects.
 - Increase of \$0.5 million in information technology associated with increased rates and one-time projects.
 - Increase of \$0.1 million in public liability insurance.
 - Decrease of \$0.3 million in various services and supplies.
- Fund Balance Component Increases – increase of \$0.1 million to commit interest received from sale of Grand Avenue clinic.

Revenues

Net increase of \$1.7 million.

- Revenue From Use of Money & Property – increase of \$0.1 million for interest on sale proceeds of Grand Avenue clinic.
- Intergovernmental Revenues — increase of \$1.5 million in 1991 Realignment revenue and Social Services Administrative revenue.
- Charges for Current Services — increase of \$0.1 million for support services for the First Five Commission.
- Use of Fund Balance — Total budget of \$38.6 million is budgeted for:
 - \$20.0 million in management reserves due to the uncertainty of the economy and the State budget issues.
 - \$5.0 million to transition from any future State enacted cuts.
 - \$5.0 million for technological advancements which support the *Live Well, San Diego!* initiative.
 - \$5.0 million for major maintenance projects.
 - \$2.5 million for the relocations related to the County Operations Center capital project.
 - \$1.0 million to fund one-time information technology costs.
 - \$0.1 million to commit Grand Avenue clinic sale proceeds and to fund one-time negotiated salary adjustments.

Proposed Changes and Operational Impact: 2012-13 to 2013-14

Net decrease of \$20.5 million is the result of a reduction of \$21.5 million in Services and Supplies due to the elimination of one-time projects from prior year, partially offset by an increase of \$1.0 million in Salaries & Benefits due to negotiated labor agreements and an increase in retirement contributions.



Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Agency Executive Office	22.00	23.00	27.00	17.4	27.00
Agency Contract Support	18.00	18.00	18.00	0.0	18.00
Office of Health Systems Innovation	—	4.00	—	(100.0)	—
Financial Services Division	157.00	155.00	155.00	0.0	155.00
Human Resources	78.00	72.00	76.00	5.6	76.00
Management Support	9.00	10.00	10.00	0.0	10.00
Proposition 10	19.00	21.00	21.00	0.0	21.00
Total	303.00	303.00	307.00	1.3	307.00

Budget by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Agency Executive Office	\$ 44,772,260	\$ 46,151,264	\$ 45,881,394	(0.6)	\$ 25,487,622
Agency Contract Support	3,527,599	3,633,770	3,729,099	2.6	3,795,385
Office of Health Systems Innovation	—	771,829	—	(100.0)	—
Financial Services Division	25,209,086	26,559,583	27,833,283	4.8	28,277,851
Human Resources	8,279,818	8,074,997	8,851,359	9.6	9,075,829
Management Support	9,648,131	11,393,411	11,854,399	4.0	10,889,876
Proposition 10	2,088,435	2,231,355	2,333,574	4.6	2,420,030
Total	\$ 93,525,329	\$ 98,816,209	\$ 100,483,108	1.7	\$ 79,946,593

Budget by Categories of Expenditures

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Salaries & Benefits	\$ 27,580,365	\$ 29,036,624	\$ 29,325,970	1.0	\$ 30,289,454
Services & Supplies	45,944,964	49,759,985	51,078,738	2.7	29,578,739
Fund Balance Component Increases	—	19,600	78,400	300.0	78,400
Management Reserves	20,000,000	20,000,000	20,000,000	0.0	20,000,000
Total	\$ 93,525,329	\$ 98,816,209	\$ 100,483,108	1.7	\$ 79,946,593



Budget by Categories of Revenues

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Proposed Budget	% Change	Fiscal Year 2013-14 Proposed Budget
Revenue From Use of Money & Property	\$ —	\$ —	\$ 78,400	—	\$ 78,400
Intergovernmental Revenues	55,574,135	57,588,671	59,079,725	2.6	56,031,376
Charges For Current Services	2,425,194	2,620,568	2,690,353	2.7	2,779,278
Miscellaneous Revenues	26,000	26,000	26,000	0.0	26,000
Fund Balance Component Decreases	—	—	—	0.0	953,139
Use of Fund Balance	35,500,000	38,580,970	38,608,630	0.1	20,078,400
General Purpose Revenue Allocation	—	—	—	0.0	—
Total	\$ 93,525,329	\$ 98,816,209	\$ 100,483,108	1.7	\$ 79,946,593